ABSTRACT OF

The Milroy Lectures

ON

OCCUPATIONS AND TRADES IN RELATION TO PUBLIC HEALTH.

Delivered before the Royal College of Physicians of London.

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LECTURE IV.

DR. ARLIDGE commenced with some remarks on metalliferous mines, the nature of their products, and the results of working them. In obtaining the ironstone, which overlies the coal seam, much dust is caused, and is highly injurious to the respiratory organs of the workers. As to lead miners, the narrow, tortuous galleries in which miners had to work were difficult of ventilation, were consequently fouled by breath, lamps, and shots, and, moreover, had walls dripping with moisture. Rheumatism was therefore frequent, and, in addition, miners' asthma and bronchitis, caused by the dust. Occasionally colic and a blue line on the gums, as well as sputum of a bluish tint, were observed. Persons engaged in the washing and smelting of lead after it was brought to the surface were also liable to suffer from lead poisoning. In tin and copper mines, when deep, the same high temperature and want of ventilation existed as in the lead mines, and produced the same effects. Deep-black discolouration of the lungs was chiefly produced, probably by the soot from the lamps; and Brockmann had described among the copper miners of the Hartz Mountains a group of pathological conditions, to which he applied the term "tabes metallurgica"; he believed that, connected with imperfect oxygenation of the blood, there was an increasing browning of the skin, loss of strength, wasting, dyspnœa, cough, and coloured sputum; post mortem, in addition to black staining of the lung, fatty heart, pericardial effusion, and atrophy of the liver were found. The dust of copper ore was also credited with producing severe gastric troubles and intestinal disorders; these might be regarded as characteristic of copper poisoning.

The degree to which workers in stone became affected by pulmonary troubles varied with the quality of the stone, whether it was worked wet or dry, and whether they worked in the open air or in closed sheds. Workers in granite suffered less than workers in Yorkshire stone.

The lecturer then spoke of the constitution of the "clay" in pottery manufacture, in which mineral dust operates as a potent cause of disease. The material used is derived from Dorsetshire and Cornwall. Although known as clay, it consists to a greater or less extent of silica, the white Cornish clay and stone being, in fact, decomposed granite. Besides these clays, a good deal of powdered flint is in use, particularly in the making of china. In the production, moreover, of "Parian," finely powdered felspar enters largely. The pottery manufacture presents two departments: (1) that of the construction of the article from the clay; (2) that of its ornamentation. It is in the former, in a pre-eminent degree, that the evils of dust inhalation are found. An intermediate stage in the manufacture is represented in the process of glazing the ware. Before ware can be formed there are preliminary processes of mixing and bringing the clay to the requisite consistence to constitute what is technically called the "body." The clay then passes to the "thrower," who pursues his work by the aid of a potter's wheel, or else it falls to men called "pressers," who press it within or upon moulds made of plaster-of-Paris. The articles turned out, not having the requisite smoothness or nicety of outline and surface, are next handed over to the turners, who effect the necessary improvement by means of a "lathe." This operation, however, extends only to hollow ware, the flat articles being smoothed and edged on a rapidly revolving small table, by gentle pressure with tow or sandpaper—a very dusty process. Likewise, in china making, the brushing and beating off the powdered flint in which the ware has been embedded whilst undergoing firing in the oven—an employment confined to women, who are called "china-scourers"—gives off clouds of the mineral dust. As a rule, potters suffer just in proportion to the amount of dust given off in their respective branches of work, and, to a less degree, the composition of the "body" employed. Thus turners and pressers suffer more than throwers, and those who work in what is called "granite," and in china, are more frequently and severely affected than the makers of common earthenware, forasmuch as the clay they use has a more siliceous constitution. The intermediate department of the business embraces the work of the men who put the glaze or glassy surface on the ware, by a simple process called "dipping," and also that of men occupied at the ovens and kilns in firing the articles; and, again, that of printers who print the patterns, which are applied on the surface of the goods by a process called transferring, performed by women, prior to being fired in the kilns.

As might be anticipated from its siliceous constitution, the dust in the manufacture under consideration is very obnoxious to the respiratory passages. Like all other dusts, its morbid action is slow but continuous so long as work is pursued. It is more irritating to the lung structure than the dusts evolved in the several textile trades, and more so than that of coal mining. Hence its morbid results proceed beyond the production of cough and dyspnœa, with expectoration, and a general infarction of lung tissue, to the production of a slow inflammatory process ending in remarkable condensation of parenchyma with vicarious emphysema. The differential symptoms of potters' lung lesion are that, when uncomplicated by tubercle, it is not attended by hæmoptysis; but where this complication exists the distinction vanishes. Further, colliquative sweating is no part of its symptomatology, and the dyspnœa accompanying it is out of proportion to the extent of consolidated lung, and, as contrasted with tubercular phthisis, is a more prominent symptom. The wasting from it is, moreover, less rapid and extensive; anæmia is wanting, or slight only; and the febrile heat is absent, or else much less prominent than in phthisis. Another point is that bacilli are not to be met with in the sputa. These last, again, are not so purulent and heavy as those of phthisis, and are wanting in the green colour so common in the latter disease. Lastly, the cough is more troublesome and paroxysmal, and harder than in consumption; and there are areas of emphysema chiefly along the anterior margins of the lungs, and in the vicinity of condensed tissue. The latter, by the way, although mostly seated in the upper lobes, has no such constancy there as in phthisis, and is often present elsewhere, particularly in the scapular region. Ulceration of the vocal cords, with aphonia, do not occur; constipation exists rather than diarrhœa; inspiration is prolonged, and the ear may detect the progressive entrance of air into surrounding air-cells; the dulness on percussion is not so profound as in tubercular consolidation; the cracked-pot sound and cavernous breathing have not been observed; and the sinking of the subclavicular regions is less pronounced. As might be foreseen; from the greater strain on the pulmonary circulation, the heart is frequently involved in the concluding stage of potters' disease; the right side becomes dilated, and the valves inefficient; hence anasarca in prolonged cases is not infrequent. The general aspect and physiognomy differ from those of tubercular phthisis. The features are rather those of asthmatical subjects; the countenance is not pinched or sunken; the lustrous eye is wanting, equally with the often pink and transparent skin of phthisis, the clubbed finger-ends, and the incurved nails. Tubercular deposit, however, frequently complicates the fibrosis described, and more or less seriously modifies its symptoms. The making and grinding of ultramarine was also capable of producing pulmonary lesions similar to those of the potters and stonemasons. Though properly made from lapis lazuli or lazulite, it was generally compounded of kaolin, sulphur, a salt of potash, and some iron; the dust raised was of the same character therefore as in potteries.

The lecturer next spoke of the manufacture of electroplate and Britannia metal. The former was carried on mainly in Sheffield and Birmingham. The preparatory process of cleaning and the actual process of depositing the silver were not injurious, but the subsequent polishing and cleaning with lime, whiting, and rouge necessarily caused

the evolution of considerable quantities of dust. Teapots and other articles of Britannia metal were made by "spinning." This process involved the application of strong physical force to a flat disc of the metal kept in rapid rotation. The workmen believed that a certain amount of metal was detached in a very fine form by the friction, and gave rise to tracheal irritation and cough. Though the main trade was innocuous, the collateral trades which contributed to render the articles fit for the market—such as ivory and mother-of pearl cutting—were well known to have ill consequences, and the lecturer considered that there was room for more attention to sanitary matters.

Dr. Arlidge then proceeded to treat of the metal trades, and said that the best illustrations of the operation of metallic dust are to be found in Sheffield. In making and polishing the numerous articles a large amount of dust is given off, and becomes a fruitful source of disease almost exclusively in the shape of chest disorders. The prevalence of chest diseases, and the high rate of mortality ensuing, were statistically examined by Dr. Calvert Holland in 1843, and subsequently by Dr. Greenhow and Dr. J. C. Hall. The statistics of the trade have since been enriched by Dr. Sinclair White, who recently held the appointment of medical officer of health. There are many departments in the Sheffield trade differing widely from each other in their health relations. That which stands far ahead of all other divisions of labour is dry grinding. The first part of the work is done on a rapidly revolving grindstone, the workmen sitting astride in front upon a narrow bench, called a "horsing," and leaning forward, to a greater or less extent, over the stone. The grinding of smaller articles, such as penknives, necessitates a more bent position than that of larger ones, and is classified as light grinding. We are all familiar with the work of itinerant scissor-grinders, and can therefore get some conception of what dry grinding is, and of the dust attending it. What we see on this small scale we have to conceive to be multiplied many fold in a Sheffield grinder's shop, or, as it is locally called, his "hull," where stones of large diameter are in action. The stones differ in diameter according to the size of the articles to be ground. Besides the grindstone, the "hull" is furnished with a wheel, termed a "glazer," on which the ground implement is smoothed, and also with a wooden tool for smoothing the sides of razors and penknives. The quality of the dust, or the relative proportion of steel and stone particles in it, differs according to the hardness of the metal and the fineness of grindstone, and, to some extent, the degree of pressure used in grinding. The quantity thrown off depends on the article to be ground. The roughly shaped razor has to be greatly reduced by grinding. Dr. Hall states that a single razor loses from eight to ten ounces by grinding—a statement which forcibly illustrates what an amount of dust must be generated. The dust proceeding from the grindstone appears like a dense shower of sparks, yet when the hand is thrust into it, it gets no harm by burning. However, in the dry grinding of larger ware the eyes may suffer irritation from the ejected particles—an accident guarded against by wearing spectacles. Another source of dust arises from the "hanging" and "racing" of the grindstones. The former operation consists in boring a hole through the centre of the stone for the axle. The hanging being done, the next step is to smooth the working edge of the stone, received in a rough state from the quarry. This is effected by holding a bar of steel against it whilst it is slowly turned, and is known as "racing" the stone. Moreover, to keep up the requisite smoothness of the stones when at work, a frequent hacking or rough chiselling is done, generating much dust. The fatality from dry grinding varies very considerably in the different branches of the cutler's business. Scissor grinding heads the list, and is succeeded by fork, razor, and penknife grinding. When we turn to table-knife, saw, file, and scythe grinding, which is done wet, there is happily found a far less fatality, a decline that would be greater were these wet grinders not, in too many instances, associated in a common workshop with dry grinders. Like other dusts, that derived from the grindstones and steel is primarily productive of much laryngeal and tracheal irritation, often producing huskiness of voice, and a sensation of something to be dislodged by a strong occasional effort of coughing. The cough is at first dry, but sooner or later a greyish mucus is spat up. Dr. Holland, who makes three stages of the course of the chest affection, records these symptoms as the features of his first stage. His second stage is marked by increased cough, with dyspnœa, aggravated on the slightest exertion. The countenance indicates suffering; the body is bent forward; the pulse becomes slightly accelerated, but there is no fever. The expectoration has grown more opaque, and by its colour at times shows the existence of pus. Pains in the chest are now common, and made worse by exertion; but the appetite mostly remains good, and emaciation, if observed at all, proceeds slowly. The percussion note over the chest is for the greater part clear, and in places loud, whilst the breathing is noisy and bronchial. In this stage hæmoptysis is not infrequent. In the third stage all the symptoms are aggravated, especially the difficulty of breathing; the expectoration is now thick and copious, and wasting of the frame and exhaustion advance to the fatal termination. Just as with the potters' disease, so with the grinders' phthisis, commonly known as "grinders' rot," there is no necessary connexion with tubercle, although the latter may complicate it. So, again, the differential symptoms between the two are in all essential particulars the same as those already described in the case of the potters' asthma. But, besides the special chest lesion, grinders have their full share of acute pulmonary affections and of rheumatism, in a large measure due to their own indiscretion by exposure of the body when heated, by insufficient clothing, reckless living, and frequently by insufficient food. In former days Sheffield grinders accepted their fate as inevitable, or as an unavoidable incident of their calling. Their indifference to suffering and early death was further exemplified by their practice of introducing their children to their own work whilst still very young. The Factory Act has gone a long way towards remedying this state of things. In the finishing departments of the cutlery trade there arises a great deal of dust from various powdered materials used for the purpose of smoothing, polishing, and sharpening steel implements. All such must be held answerable for some measure of pulmonary disturbance.

Dr. Arlidge next proceeded to deal with needle and fish-hook making, the principal seat of which is at Redditch and some neighbouring towns, and there is an old-established centre at Hathersage in Derbyshire. Dr. Holland examined the health aspects of the occupation in the last-named town, and was led to the conclusion that the grinding of needles exceeded in its fatality that of cutlery. However this may have been at the date of his inquiries, there is nothing at the present day in the occupation to sustain this opinion. Needle grinding is of necessity dry grinding, and differs in no material points from the same operation in making cutlery. The needle pointer sits at his work, but not astride his stone, as in most branches of the cutlery manufacture, because the article he makes is very small, and only a small grindstone is required. The amount of dust generated is well illustrated by the dimensions of the "dust-house," specially constructed for their works by Messrs. Milward, the largest manufacturers at Redditch, for its reception and collection. As in the best working places of Sheffield, so in the needle factories, extraction tubes are attached to each grindstone, and the major part of the dust collected and drawn with force from the pointers. This admirable contrivance has converted a most health-destroying trade into a comparatively harmless one. It cannot remove all the dust given off in grinding, for some little falls in front of the workman, and other collects about his working bench. Whilst needle pointing is pre-eminently the most dangerous occupation, there are other branches that are not free from consequences injurious to health. According to local reckoning, each needle has to pass through some seventy stages or operations, between the first act, the cutting of the steel wire of the requisite length, and the last, the final polishing, done in bags subjected to rolling and pressing in a machine of like operation to an ordinary mangle. One intermediate process, consisting of filing the heads of the needles before the drilling of their "eyes," is a dusty process of limited extent and influence in the matter of health. Another is the polishing done on emery-coated wheels. The account of the nature of the business of needle making prepares us to expect the prevalence of lung affections among the operatives, and also that of tubercular disease and scrofula, especially when, as just now noticed, to the incidents of the manufacture itself are subjoined the extraneous conditions affecting health and life. Dr. Holland collected particulars of the age and causes of death of twelve grinders deceased at Hathersage; forty-two was the highest age reached, and that by two only; four others lived to betwixt thirty

and forty; the remaining nine at between twenty and thirty; and nine out of the twelve perished from grinders' chest disease. This record is confirmed by the evidence given by Mr. Cocker, a manufacturer, before the Children's Employment Commission, printed in 1865. This was the state of things before the introduction of fans to withdraw the dust, which took place shortly after the time of Dr. Holland's visit. Just as happens with the Sheffield grinding, the introduction of youths, especially when not robust, to needle-pointing shops is fraught with speedy breaking down of health and early death if the occupation be persisted in. In the Redditch district, under the head of "struma," Dr. Page included deaths registered as due to hydrocephalus, rickets, and marasmus, and, not to go into minute reckonings, the general induction is that they equalled about two-thirds of the deaths attributed to phthisis. Lastly, Dr. Page is strongly impressed by the prevalence of constitutional tubercular and scrofulous disease in the population of Redditch. At the time of his inspection of the needle works at Redditch Dr. Arlidge brought away specimens of the dust collected from the "dust-house," and likewise from the bench of the grinder near the stone. On submitting them to microscopic examination, he found both to contain numerous angular particles of silica and black-looking, fine, fibre-like, and jagged particles of steel, for the most part with pointed ends; but these elements existed in very different proportions in the two kinds of dust. That from the bench, of a brown colour, exhibited only a few steel particles scattered among fragments of silex, whereas that obtained from the dust-house, of a very dark slate colour, was pervaded everywhere by the morsels of steel. The great difference subsisting between the sorts of dust was much more precisely demonstrated by Dr. Page, who made a physical examination of them by magnets. By this proceeding, after weighing his specimen of each both before and after the abstraction of the steel, he found that the example got from the dust-house contained 96·15 per cent. of steel and only 3·85 per cent. of silex; whereas the bench sand was made up of 94·8 per cent. of silex, with only 5·2 per cent. of iron. The specimens were got from a factory where the arrangements for removing dust are the most efficient yet invented; and it is most gratifying to find that those arrangements were so perfect as to withdraw 96·15 per cent. of the steel particles thrown off in the needle pointing, which would otherwise be diffused around the workman. Unfortunately, too large a proportion of the sand from the stone escapes removal, but it is to be remembered that the siliceous particles are much larger than those of the steel, and that many of them are dispersed laterally as before noted, and as shown by the position the stone dust occupies on the work-bench. This compound nature of the dust from dry grinding of steel leaves it open to speculation which of the two ingredients is most concerned in developing lung troubles—the iron or the siliceous atoms. If relative proportion could solve the question, the stony particles would be held most to blame. On the other hand, the forms assumed by the steel particles are more favourable for permeating the lung tissues, and are supposably of more irritating quality. Lastly, on comparing the dust of needle grinding with that of fork grinding in Sheffield, the lecturer found the steel to be more abundant in the latter.

Dr. Arlidge concluded the course by thanking his hearers for the kind manner in which they had listened, regretting that he had been unable to do more than introduce one division of the extensive subject of industrial diseases; and he expressed a hope that others would turn their attention to it, and thereby rescue it from the neglect with which it is so largely treated. He excused himself for the small place given in his lectures to statistics, as well on the ground of want of time as on that of the deficiency of homogeneous statistics to deal with.

SCARBOROUGH HOSPITAL AND DISPENSARY.—The annual meeting of the subscribers was held on the 26th ult. The report stated that during the past year the benefits of the institution had been received by a larger number of the sick poor in the town than in any previous year. The treasurer's balance sheet showed a deficiency of £188. The retiring president, Lieut.-Colonel Steble, had offered to provide a site for a new hospital in Tolbergate, worth £1000, on certain specified conditions, and had forwarded a cheque for fifty guineas towards reducing the amount overdrawn.

TWO CASES OF

RENAL EXPLORATION FOR SUSPECTED CALCULUS, WITH SUBSEQUENT NEPHRECTOMY IN ONE.

BY WILLIAM ANDERSON, F.R.C.S.,
ASSISTANT SURGEON AND LECTURER ON ANATOMY AT ST. THOMAS'S HOSPITAL.

CASE 1.—Ellen T——, aged twenty-four, a young woman of slender conformation and sallow complexion, was sent to me at St. Thomas's Hospital by Dr. Ogle of Derby, in November, 1884, with a history pointing strongly in the direction of renal calculus. The patient stated that her symptoms began four years before with an attack of hæmaturia, accompanied by severe pain in the right loin and groin. The pain subsided at the end of an hour, but traces of blood colouration were perceptible in the urine for two or three days. After a month of complete ease the paroxysm was repeated, and subsequently occurred again and again, with progressively shortening intervals, until the time of admission. No calculi had ever been passed by the urethra. The general health, which had been good until the age of twenty, began to decline about the period of the commencement of the attacks, and the patient became weakly and subject to neuralgia, but there was at no time any definite signs of hysteria.

On admission she was in a condition of great nervous and general debility, thin, and feeble, but not emaciated. On examination of the renal region, a point of deep tenderness was detected on the outer side of the right erector spinæ below the last rib, and the urine was found to contain an abundance of exudation corpuscles. No other abnormality could be discovered, the thoracic and other viscera appeared to be healthy, and the menstrual functions were undisturbed. A few days later an attack of hæmaturia associated with severe lumbar pain made its appearance; the pain continued for about twenty-four hours, and the blood discs were present in the urine for about three days. Similar paroxysms occurred at intervals ranging between three and six days during the next few weeks, and some pain in the loin persisted even during the remission. As the strength was then evidently failing in spite of rest, nourishment, and all other treatment, an exploration of the kidney was determined upon.

The operation was performed on Jan. 12th, 1885. The kidney was exposed under carbolic acid spray by the ordinary lumbar incision, and was carefully examined by palpation and acupuncture, but without the discovery of any abnormality. The patient's progress was quite satisfactory, except for the development on the second day of passing but rather severe symptoms of carbolic acid poisoning; the dull aching in the loins which had been constantly present for some time before the exploration disappeared, and the health improved. The wound healed by the close of the third week, and during this period and for two weeks afterwards the patient was quite free from suffering. At the end of this time she again began to lose strength, and to complain of neuralgic pains about the head and other parts of the body, and at length a paroxysm made its appearance, of the same character as those which preceded the exploration. The relapse, with recurrent attacks of hæmaturia, lasted for seven weeks, after which the girl was sent to her home in Derbyshire. Her health then began to amend, and with the restoration of strength the renal symptoms became less frequent and severe, and after a slight recurrence in May, 1885, disappeared to return no more. In the autumn of the same year she married. My friend Dr. T. L. Gentles of Derby, who had been kind enough to keep her under observation, found her in August last in good health and far advanced in a second pregnancy.

Remarks.—The explanation of the symptoms and of the effects of treatment is a problem by no means easy of solution. This is one of the many cases already on record in which symptoms closely resembling those of stone have arisen without obvious exciting cause, and have been relieved more or less completely and permanently by an operation that has missed its immediate mark. A consideration of the history

suggests the possibility of a neuralgic origin for the pain, but the associated hæmaturia can less easily be accounted for. While the patient was in the hospital it was noticed that the paroxysm was always preceded by an increase in the general depression of spirits and in the tendency to neuralgia, and that absolute repose gave little or no relief to the pain, while exertion was only provocative of suffering when carried on beyond the limits of her strength. Since her marriage she has led a much harder and more active life than at any time before, but has had no relapse. It is of course impossible to assert that no calculus is present, but the thoroughness of the local exploration, the immediate relief to the paroxysms afforded by the operation, and the subsequent complete disappearance of all indications of the complaint, render it highly probable that the whole condition was due to some complicated form of neurosis.

CASE 2.—F. J——, a watchmaker aged twenty-one, was admitted into St. Thomas's Hospital, under the care of Dr. Sharkey, on Aug. 16th, 1886. His first symptoms dated from twelve years before, following closely upon an attack of rheumatic fever, and were characterised by the sudden onset of an acute pain in the left loin lasting for about three hours. Two or three weeks later the paroxysm recurred, and was subsequently repeated with gradually increasing frequency and severity. Since 1884 it had appeared once or twice weekly, and was sometimes accompanied by rigors and vomiting. The pain extended into the groin, and occasionally as far as the testicle, always inducing great prostration. It did not appear to be especially excited by movement, but was more severe after over-exertion. No great attention was paid to the urine; but the patient does not think he ever passed blood, although he sometimes noticed that the secretion was thick. No calculi had escaped by the urethra. For about six months before coming to the hospital he had been compelled to discontinue his occupation on account of the frequently recurring pain and gradually increasing weakness.

On admission, the patient, a young man of good development and fairly well nourished, but pale and feeble, was suffering from paroxysms of lumbar pain, repeated every two or three days, lasting on each occasion for several hours, and usually attended by vomiting. The urine was found to contain some octohedral crystals of oxalate of lime, cells like those of pus, and occasionally a deposit of amorphous phosphates, but no blood discs were ever discovered. Local examination revealed nothing beyond a slight tenderness on pressure over the region of the hilus of the left kidney, and the introduction of a sound into the bladder gave only negative results. The evidence in favour of renal calculus was not regarded by Dr. Sharkey as complete, but as the condition was unaffected by rest and treatment, and the weakness slowly increased, an exploration of the kidney was considered advisable.

On Sept. 1st the organ was exposed in the ordinary manner from the loin, but on this occasion the use of carbolic acid spray was omitted. Nothing abnormal could be detected by inspection or palpation, and after making a small incision into the parenchyma the finger was introduced into the pelvis renalis. The calyces were thoroughly explored, but with the exception of a slight enlargement of the cavity all appeared to be as in health. The operation was unattended with difficulty, and the visible hæmorrhage was trifling in amount. There appeared to be no shock, and after the introduction of a drainage tube and the application of dressings the patient was removed to bed. No special change was noticed till two hours later, when he became restless and blanched, and the dressings were found to be saturated with blood. The wound was at once opened, and blood was seen welling up in considerable quantity, apparently from the kidney. The hæmorrhage was arrested by the application of compresses within the wound and externally over the front of the kidney, but not until the prostration had become very great. The urine passed during the next thirty-six hours contained a large proportion of blood. In the course of the next two or three days the effects began to subside, and the patient rallied. The compresses were removed at the end of forty-eight hours, and all went on well until the tenth day after the operation, when the bleeding suddenly recurred, and it was again necessary to apply compresses. Three days later a third attack set in, and on this occasion could only be checked by plugs of lint steeped in perchloride of iron. The state of the patient was now one of much danger. The asthenia was profound, and the local condition extremely threatening. The accumulated clot within the wound had detached the peritoneum and subperitoneal tissue far and wide, leaving an enormous gap extending downwards into the iliac fossa inwards towards the great vessels in front of the spine, and externally as far as the hand could reach; and, to add to the evil portents, the asepticity which had hitherto been preserved in the face of many difficulties was lost, for on Sept. 15th, two days after the last hæmorrhage, indications of septicæmia appeared, and it was found necessary to withdraw the plugs, which had become extremely offensive in odour, and to wash out the broken-down clots from the huge retro-peritoneal space. Fortunately, however, the end of the trouble was now reached. Sedulous care in the dressings soon restored the parts to a healthy condition, and the patient slowly regained his strength, the wound contracted and began to granulate, the urine became normal, and the lumbar pain, which had entirely disappeared from the day of the operation, showed no sign of return. A sinus remained for about three months, but gave rise to no inconvenience.

In December the man left the hospital apparently cured. For about a year he remained quite well, carrying on his occupation without difficulty; but in December, 1887, while moving a heavy clock, he felt a sudden pain in the left loin, and this, unlike the former attacks, continued day after day, with occasional exacerbations, but without complete intermission. A month later he was readmitted into the hospital. He had then a pallid and rather sallow face, with an anxious expression, but was well nourished. He complained of a constant abdominal pain, variable in severity, and sometimes shifting in position, but usually situated in the left loin. There was no local swelling, the scar of the exploratory operation presented nothing for notice, and no point of deep tenderness could be detected. He suffered from frequent vomiting, and was unable to sleep without morphia. The urine contained a trace of albumen, much reddish granular pigment, and a few blood discs. The temperature ranged between 100° and 102° during the first four days, and then fell nearly to the normal level. Ten days after admission he became worse, the night temperature running up to 103°, and falling to 100° in the morning. The following night, after a slight rigor, the temperature reached 105·4°, and he suffered from sickness and profuse perspiration, but there was still a remarkable absence of local signs, and the pain had temporarily moved over to the right side of the abdomen. In this state he continued for some days. On the 20th an aspirating needle was passed deeply into the left loin in the direction of the kidney, at first without result, but shortly after the withdrawal of the instrument pus began to flow through the aperture. The cicatrix was now freely incised and a large and deep collection of inodorous pus evacuated. The cavity, which was of considerable size, and presented smooth sacculated walls, was washed out and a drainage tube inserted. The operation was followed by great relief, but the progress was retarded by an abscess in the axilla, which slowly developed in the course of the next fortnight. This disposed of, he improved greatly, although the urine was always found to contain a certain amount of pus. The wound closed, and for about two months the patient regained strength and was free from suffering. At the end of this time renewed indications of suppuration in the loin appeared, and a second collection of pus was set free by incision.

In June a new phenomenon showed itself. A clear watery fluid resembling urine, and containing a small quantity of urea, began to drain from the sinus. The daily amount of this could not be measured, even approximately, but it was evidently considerable, and its appearance was associated with a decided fall in the quantity of urine expelled by the natural passage. Moreover, on one occasion when the lumbar flow ceased for a day the secretion passed from the bladder increased to nearly the normal quantity. There appeared to be little doubt that the pelvis renalis was dilated and inflamed, and communicated by means of a small aperture with the bottom of the lumbar wound. A further exploration was proposed in July, as there was still much suffering, and the general health was in a very unsatisfactory state, but the patient refused to accede. As time went on, the pain, now rather abdominal than lumbar, became much more severe, and the strength slowly declined, while the pyuria and lumbar discharge continued unaltered, though the temperature was always normal or slightly subnormal. Nothing could be detected by the most careful

examination of the abdomen, and the condition was extremely perplexing. The advisability of an operation, exploratory in the first instance, but to be carried further if necessary, was again urged upon the patient, and his consent at length obtained.

On Sept. 6th last, ether having been administered, a dissection was made through the cicatrix of the first operation until the kidney was reached. At this moment a slight bulging was seen at the lower part of the wound, and on making a small puncture into it a gush of offensive pus escaped. The abscess cavity so laid open extended downwards into the iliac fossa, but was evidently connected with the kidney, and appeared to have a small communication above and in front with the enlarged pelvis renalis. The kidney itself was found to be so greatly dilated that it could only be a constant source of danger if left behind, and it was decided to remove it. The suppurating cavity, as well as the whole wound, was then repeatedly syringed with a boracic solution till the fluid injected returned perfectly clear, and the enucleation of the kidney was commenced. No difficulty was experienced in stripping off the capsule until the upper and anterior part of the gland was reached, but here it was so firmly adherent that it would have been impossible to detach it without tearing the thin wall of renal substance. The renal vessels could not be exposed owing to the density of the cicatricial tissue in the neighbourhood, but the finger was passed around the pedicle, and its elements were secured *en masse* with a strong silk thread. The tightening of the ligature induced extreme shock, the patient becoming ghastly pale and almost pulseless. The kidney was cut away close to the hilus with a pair of scissors, the section being almost unaccompanied by hæmorrhage, until it reached the portion to which the capsule was adherent, when a profuse rush of dark blood took place. Several bleeding points were seized with forceps, but it was found impossible to apply a ligature securely, and as the patient was in a dangerous state of collapse the wound was plugged and the forceps were left *in situ*, covered in with an antiseptic dressing, and after an injection of ether he was removed to bed. The excised kidney was found to be greatly dilated, the parenchyma in places being reduced to the thickness of less than a line; no calculous matter of any kind was present. Three hours later the man began to rally, the temperature, which had fallen to 96·8°, gradually rose, and on the following day the immediate danger was almost at an end. At the close of twenty-four hours the forceps were removed, and the wound, which was of great depth, was kept aseptic by frequent irrigation and change of dressing. The first urine passed after the operation contained blood, but soon became quite clear; the quantity, however, remained small for many days. Some local pain lasted during the first week, and a tendency to constipation gave much trouble, but no serious complication arose. The plugs were removed without accident at the end of three days; the wound remained clean, and after a fortnight began to granulate and contract. The main ligature came away on the twenty-sixth day after the operation. The discharge from the wound after the middle of the second week consisted almost entirely of a clear watery inodorous fluid, and was poured out in considerable quantity. It was found to contain a trace of urea, but Dr. Sherrington, who kindly examined it, expressed an opinion that it had not the other characters of urine.

The patient left the hospital on Dec. 1st, about three months after the operation. There was then a narrow sinus in the loin, extending deeply forwards and downwards into the iliac fossa, and still giving issue to the watery fluid. The urine passed by the natural passages averaged about ninety ounces in the twenty-four hours, and was normal in character. All pain had disappeared, and the general strength and nutrition were fully restored.

Remarks.—There are several points of interest in association with this case. Pathologically, it is very obscure. The pain resembled exactly that which was at one time considered pathognomonic of renal calculus, and, although no blood was found in the urine, it was difficult to explain the symptoms except on the hypothesis of stone. The operations, however, proved conclusively that no foreign body was present in the pelvis or calyces. A further and no less perplexing problem is offered, as in the previous case, by the complete relief afforded by the renal exploration. The large and deep collection of pus found in the loin on the patient's return to the hospital the second time was probably the cause of his relapse, and the condition may have been induced by an accidental disturbance, during over-exertion, of a small residual abscess left in the track of the first operation wound. In any case, the communication between the cavity of the dilated kidney and the lumbar sinus was a secondary accident, and did not exist when the first abscess was evacuated.

Surgically, the first fact deserving of notice was the profuse and repeated hæmorrhage following the exploration. The enormous loss of blood proves that the renal substance cannot always be incised with impunity, but in other recorded instances where bleeding has been severe the accident has occurred immediately after the incision; here, however, there were no signs until some time after the conclusion of the operation. It is probable that a large vessel had been punctured but not completely divided, and that the blood, escaping for a time in small quantities, found its way through the ureter into the bladder: the recurrence may be explained by the imperfection of the hæmostatic processes in such injuries. There is no doubt that the danger of an incision is comparatively slight when the surgeon tears or cuts the kidney substance directly over a stone, as the large vessels are protected by the foreign body; but if the empty pelvis and calyces be opened, there is nothing but the anterior wall of the duct between the point of the instrument and the main branches of the vein and artery, and no care or dexterity could ensure safety.

Secondly, a word may be said as to the difficulty experienced in finding positive evidence of the collection of pus before it was reached by the experimental use of the aspirator, notwithstanding the most careful examination by several observers, conducted under a strong belief in the existence of abscess; and the same absence of tumour was observed when the suppuration recurred.

Thirdly, the profuse hæmorrhage accompanying the removal of the kidney, in spite of the preliminary ligature of the pedicle, is important to notice. There can be no doubt that this was due to the presence of an aberrent vessel entering the upper extremity of the kidney at the point where it was found impossible to detach the capsule.

Finally, the case affords throughout a powerful testimony in favour of antiseptics. It is certain that, save for the precautions that were adopted and persevered in under very adverse circumstances, the patient must have died from septicæmia or exhaustion after the first operation.

Grosvenor-road, Westminster.

LUPUS OF CHEEK, SOFT PALATE, HARD PALATE, AND TONSILS; CAUTERISATION; RECOVERY.

BY JAMES F. GOODHART, M.D.,
AND
W. ARBUTHNOT LANE, M.S.

M. J——, aged twenty-six, domestic servant, was sent into Mary ward, Guy's Hospital, under Dr. Goodhart, on Dec. 7th, 1888. She had previously been under the care of Dr. Hall of Woking. Her mother has suffered from a sore tongue and from pains in her bones, especially at night. The patient has always enjoyed pretty good health, with the exception of an occasional cold or cough in the winter. About five years ago she had an ulcerated throat, which lasted for a fortnight during the spring. It got quite well, but it returned in the autumn, again getting well. She had similar attacks every spring and autumn, the throat in the intervals between the attacks giving no trouble. For the last two years her throat has been constantly sore, and if she caught cold her discomfort was increased. She has lost flesh during the last two years, and this she attributes to her abstaining from food on account of the pain she suffered in swallowing. She has also recently noticed that she was becoming deaf in the left ear. There was no history of acquired syphilis. She had been taking anti-syphilitic remedies for more than a year, and had at one time been fully under the influence of mercury, without deriving any benefit from them. She is a well-nourished, healthy-looking woman, weighing 8 st. Except for a somewhat suspicious right upper central incisor,

there is no sign of hereditary syphilis; nor is there any reason to suppose, from the appearance of the patient, that she has any phthisical tendencies. The posterior two-thirds of the hard palate, the whole of the anterior surface of the soft palate and uvula, the inner aspect of both tonsils and faucial pillars, and the inner surface of the right cheek are covered with a thick layer of granulation tissue, which is soft and spongy and projects in parts considerably above the level of the adjacent mucous membrane. In some portions there is very distinct ulceration going on. This is particularly the case on the cheek, where it appears to be produced by the irritation of some carious teeth, and on the inner aspect of the left tonsil. She suffers from a slight cough. The chest is well formed, both sides move equally well, and there is nothing abnormal except an occasional râle at the left base posteriorly. The other organs of the body are apparently quite healthy. Inhalations of calomel were tried; but, as they caused some irritation and no apparent benefit, they were discontinued. Applications of cocaine, morphia, and iodoform were applied. These relieved her pain, but apparently produced no effect on the condition of the growth.

It was then determined to make an attempt to destroy the growth with the cautery, and for this purpose she was transferred to Dorcas ward, under the care of Mr. Arbuthnot Lane. On January 28th the whole of the granulating surface was gone over many times with the large blade of the Paquelin's cautery; and as the margin of the growth on the sides of the pharynx could be reached, there was no difficulty in doing this very thoroughly, particularly as the posterior surface of the soft palate was unaffected, the disease not extending beyond its free margin. The growth on the cheek approached very closely to the orifice of the duct of the parotid gland, but it was possible to destroy it without injuring this channel. Although much time was spent over the operation, it was felt desirable to repeat the process after the inflammation resulting from the cauterisation had subsided, and in that way to secure if possible the complete destruction of the growth. Another circumstance that necessitated this was the great amount of irritation of the larynx which was produced by the intense heat of the cautery. This caused a certain amount of swelling of the upper aperture of the larynx, which was controlled by the application of a large ice-bag to the neck. On Feb. 2nd the whole surface was again thoroughly and deeply cauterised. On Feb. 15th she was sent to a convalescent home, from which she returned at the end of a month. It was then apparent that the growth had been completely destroyed, the affected parts appearing quite normal except for the presence of some faint cicatrices. Before proceeding to the destruction of the growth a piece was removed for microscopical examination. This was submitted to a careful examination by Dr. Washbourn, but no bacilli could be detected.

We think that the case is of much interest on account of the rarity of the disease, the doubtful condition of one of the incisor teeth, the apparent absence of any strumous condition, and the satisfactory result of the treatment adopted.

CASE OF ACUTE INTESTINAL OBSTRUCTION (TEN DAYS) AND STERCORACEOUS VOMITING (SIX DAYS);

LAPAROTOMY; REDUCTION OF INTERNAL RICHTER'S HERNIA; RUPTURE OF INTESTINE; ENTERORRHAPHY; CURE.

BY A. W. MAYO ROBSON, F.R.C.S.,

HON. SURGEON, LEEDS GENERAL INFIRMARY; HON. CONSULTING SURGEON, BATLEY HOSPITAL; AND LECTURER ON PRACTICAL SURGERY AT THE YORKSHIRE COLLEGE OF THE VICTORIA UNIVERSITY.

PERHAPS no cases coming under the observation of medical men excite more interest, both as regards diagnosis and treatment, than do those of acute intestinal obstruction; the interest arising, in the first place, from the difficulty of making a correct diagnosis, and, in the second place, if, as is often the case, the diagnosis can only be put in the range of probabilities, from the question arising, Shall the abdomen be opened? Nor does the interest only end there, for in not a few cases, even with an opened abdomen, the exact cause cannot clearly be made out. The case about to be related presents several points of interest which can be dwelt on after the history has been given.

On Oct. 25th, 1888, I received a telegram from my friend Dr. Keighley of Batley, asking me if I would see a case of acute intestinal obstruction with him and come prepared to operate. On reaching the Batley Cottage Hospital, we found the patient with an anxious expression of countenance, and looking thin and haggard. She was lying on her back, with the knees drawn up, and complained of abdominal pain, which came on in paroxysms, beginning on the right side and thence radiating over the abdomen. When the pain was present, irregular peristalsis could be seen starting in the right iliac region. In the intervals of the spasms the pain was not severe, and there was no tympanites. The patient was much depressed, and had a feeble, rapid pulse. Whilst we were examining the abdomen a large quantity of stercoraceous matter was vomited. There was no sign of any external hernia, although she had had a right inguinal hernia several years previously, for which she had worn a truss, which, however, had been discarded some months before her present illness on account of the non-appearance of the rupture.

The history kindly furnished by Dr. Keighley was that the patient had been apparently quite well up to ten days previously, when she was suddenly seized with right iliac pain whilst performing her ordinary household duties; this was accompanied by a feeling of sickness followed by vomiting, and by marked tenderness of the abdomen. She was not seen by Dr. Keighley until Oct. 19th (six days before operation), when there was marked tenderness over the abdomen, a feeble rapid pulse, an anxious countenance, and a normal temperature. On manipulation of the abdomen, a sensation of fulness was felt in the right iliac fossa, and borborygmi were elicited. On the 20th an enema was followed by the escape of some fæcal matter, but the same evening the vomit became stercoraceous. As the symptoms did not yield to treatment, being only slightly relieved by the administration of opium, the patient was removed to the Cottage Hospital on Oct. 24th. The members of the staff present had no difficulty in agreeing with Dr. Keighley that, as medical treatment had failed, and as there was evidently some internal obstruction, laparotomy would give her the only chance of recovery.

Under full antiseptic precautions, including the spray, chloroform being administered by Dr. Brown, and with the assistance of Drs. Keighley, Bayldon, and Shirley, laparotomy was performed by an incision of two inches in the middle line below the umbilicus, when distended coils of bowel at once appeared. The index and middle finger of the right hand were passed down into the right iliac fossa, where something abnormal was felt to be attached to the abdominal parietes about an inch above the crest of the ilium. As the nature of the abnormality could not be satisfactorily made out by touch alone, the opening was enlarged to the extent of three inches and a half, and on retracting the right side of the incision, whilst the bowels were held out of the way on the left by means of a large flat sponge, the abnormality was found to be a coil of small intestine passing into an unusual opening in the parietal peritoneum. On one side of the constriction was seen distended bowel, whilst on the other side the gut was empty and collapsed. Gentle traction was employed in order to bring the ring into view before dividing it; but before the blunt end of the hernia knife could be passed through the stricture, the constricted loop escaped, and immediately a fæcal odour was noticed, which was perceptible to all present; fortunately, the other coils of bowel were well protected by the large flat sponge, and immediately sponges were so placed as to prevent soiling of the peritoneum; it was then found that where the small knuckle of bowel, including nearly its entire circumference, had been tightly nipped, ulceration had taken place; and on the sudden withdrawal of the constricted loop the intestine had ruptured to the extent of one-third of an inch. The peritoneal surface of the bowel was carefully wiped with a carbolised sponge, and, as the constricted loop presented no signs of gangrene, enterorraphy was performed by means of six Lembert's sutures, which completely occluded the opening. After carefully sponging the part again, the bowel was returned and the parietal wound closed. As the patient seemed to be suffering rather severely from shock, an injection of one-hundreth of a

grain of atropine was administered subcutaneously, and as soon as she was placed in bed she was surrounded by hot-water bottles and enveloped in warm blankets.

For the first few days nutrient injections were administered. Convalescence was somewhat delayed by a sharp attack of bronchitis, which came on towards the end of the first week. She was discharged cured at the end of a month. The temperature was perfectly normal for four days after the operation, but on the fifth day, owing to the attack of bronchitis, it rose to 102°, subsiding, however, to the normal again in two days. The bowels acted twice on the fourth day, and again on the sixth. Vomiting entirely ceased after the operation. She is now quite well. Her recovery was owing in a great measure to the careful after-treatment and to the skilful nursing which she received by the staff of the hospital.

The special points worthy of notice in the case just related are—the diagnosis, the cure by laparotomy after such a long period of obstruction as ten days, the absence of tympanites, the character of the obstruction, the rupture of the weakened bowel, and its successful suture. Although the recognition of intestinal obstruction is usually easy, a correct diagnosis of the cause is undoubtedly one frequently attended by considerable perplexity; and if space permitted there would be no difficulty in relating errors made by most able clinicians. A very instructive paper on the subject of diagnosis in intestinal obstruction appeared in THE LANCET for Sept. 22nd and 29th, 1888, by Dr. MacDougal, the gist of the essay being that a period spent at the bedside in taking a careful history is usually the best help in making a correct diagnosis; and this, I feel sure, is often the only way to arrive at a distinction between a primary obstruction, as in the case related above, and one secondary to peritonitis, as in the case of perforating ulcer of the stomach with general peritonitis on which I operated in November, 1888, where all the symptoms pointed to sudden obstruction of the bowels, and where the patient herself said she had been perfectly well up to the time of the attack, which came on during active exertion; but the history in this case, gleaned not from the patient but from her fellow-servants, elicited the fact that she had had pain after taking food for some weeks previously, thus enabling a correct diagnosis to be made before the operation was performed. I believe it is not uncommon for many cases of perforation of the vermiform appendix to be mistaken for primary instead of secondary intestinal obstruction. Several errors of this kind have come under my own observation, and I believe that in some of these cases an absolute diagnosis cannot be made until the abdomen is opened, although usually there is some history of pain in the region of the cæcum for some time preceding the onset of acute symptoms. Although the usual division of cases of intestinal obstruction into acute and chronic is a most useful one, there are instances where such a division is impossible; as in the case of a lady whom I saw in 1887, suffering from symptoms of acute intestinal obstruction, with the history that she had been perfectly well up to a certain Sunday, when, whilst lifting something, she felt a sudden pain in the abdomen, and soon afterwards began to vomit, the vomit quickly becoming stercoraceous. On opening the abdomen, a malignant stricture was found in the splenic flexure of the colon, which must have been growing for some months at least, and without premonitory symptoms it had suddenly become occluded. But, for all practical purposes, cases of intestinal obstruction may be conveniently grouped into two great classes—(1) cases of obstruction as a rule chronic, the obstruction being the prominent symptom, acute troubles only coming on at a later period, or earlier if hastened by meddlesome treatment; (2) cases acute from the onset, which may be broadly divided into three classes—(*a*) those of internal strangulation, including intussusception, volvulus, bands, &c.; (*b*) enteritis, or other cases of purely functional obstruction; (*c*) cases of perforation attended by acute peritonitis. The history of the case I have just related led us to diagnose obstruction, either by band or by internal hernia, from the fact of the patient having had a right hernia some time previously, although it had not descended for a year; from the fact of the pain having commenced in the right iliac region; from its having come on suddenly without collapse; and from the fact of vermicular action of the bowels always starting at that one point. The hernia in this case seemed to be entirely unconnected with the rupture; nor can I explain anatomically the cause of the condition found at the operation. The opening into the parietal peritoneum was situated above the crest of the ilium, and had quite firm margins. So far as I can see, it was a purely abnormal internal hernia. The whole of the circumference of the bowel was not involved; it would therefore come under the class described as Richter's hernia in an abnormal position, the cause of the obstruction being apparently an acute kink in the gut owing to the bowel being fixed at its circumference, and to paralysis of the muscular coat at the obstructed spot. It is interesting to note that, although the bowel was ruptured on being withdrawn from its abnormal position, careful stitching by Lembert's sutures completely and effectually occluded the opening, and that the bowels were moved naturally within four days. The absence of tympanites seemed to be explained by the copious vomiting, which apparently occurred quite easily, and without giving the patient great distress, except from the fact of the vomit being stercoraceous; in fact, the patient effected for herself what Kussmaul has proposed to do in cases of intestinal obstruction—that is, to clear the stomach and upper bowel by regular washings out. It seemed surprising that such severe symptoms could have persisted ten days, and that at the end of that time the bowel should have been found in no worse condition than it was at the time of operation. It cannot be doubted that death must have occurred had the patient not been operated on, and I believe that the mistake usually made in such cases is to wait too long before surgical help is sought. It seems to me that, whilst abdominal obstruction is entirely a so-called medical ailment, medical treatment alone should be relied on for a very brief period, for there is small credit either to the physician who may have made the diagnosis or to the surgeon who carries out the treatment in operating when it is too late; and one cannot help feeling that hitherto surgical help has, as a rule, been sought only when it is seen that the patient is going to die. Not long ago I had a good illustration of this. Having urged immediate operation in a case of intestinal obstruction, I heard nothing further of it until after the lapse of a fortnight, when it was evident the patient was going to die. I was then asked to open the abdomen, which I perhaps unwisely did, for the result realised my expectations. I believe that laparotomy should be performed early in all initially acute cases: first, as a means of diagnosis, if that be otherwise impossible; secondly, as a means of removing the cause of strangulation, if such be discovered; and thirdly, as a means of giving relief, if no cause can be found, by performing enterotomy, or, as recommended by Dr. Senn, by short circuiting the obstruction.

The conclusions which I would draw from this and other cases coming under my own care, from post-mortem examinations, and from recorded cases, are: First, that in chronic cases—that is, where obstruction is the prominent symptom, there being no sign of strangulation—medical treatment may relieve, or, if the obstruction be due to fæcal accumulation, may cure; but that in many such cases colotomy or some other operation will be so plainly indicated as to leave no doubt concerning what should be done. Secondly, that in cases where acute symptoms supervene on chronic, medical and expectant treatment may at first be wise, but that, if relief do not come rapidly, laparotomy should be performed. Thirdly, that in initially acute cases laparotomy should be performed without loss of time, delay being as dangerous as would the postponement of kelotomy in strangulated hernia.

Leeds.

CASE OF

INTESTINAL OBSTRUCTION CAUSED BY AN IMPACTED GALL-STONE.

BY W. A. DE WOLF SMITH, M.D., L.C.P. & S. QUE.,
MEMBER OF THE BRITISH COLUMBIA MEDICAL COUNCIL, SURGEON TO THE BRITISH COLUMBIA PENITENTIARY, ETC.

M. S——, a patient who had been an inmate of the Insane Asylum here for some time, suffering from a mild form of melancholia, was noticed on July 1st, 1888, to be suffering from constipation. She was very quiet in her habits, and never requested to be taken to the closet, but was taken there periodically by the attendant; would sit down when told to, and when told to get up would do as she was bid. When it was discovered that the bowels had not acted

for a couple of days, the superintendent, Dr. R. J. Bentley, gave her a dose of calomel. This failing to produce a motion, she was ordered enemas, which brought away a small quantity of fæcal matter. There still being an evident obstruction, Dr. Bentley ordered her two small doses of croton oil, which, however, had no effect except that she once manifested a desire to go to stool, but without result. On the morning of the 4th vomiting had already set in, and the matters vomited had taken on a decidedly stercoraceous character. My opinion was then asked on the case, and before I had seen the patient we decided to try the plan recommended by Kussmaul,[1] of washing out the stomach frequently with warm water, holding the question of operation in reserve. This was done, and the patient seemed somewhat relieved by the warm water until the evening, about 9.45 P.M., when I was telephoned for to come and see the patient, who had had two or three convulsive attacks. In company with Dr. Bentley, I saw the woman at 10.10 P.M. She had then had three attacks of convulsions, and a fourth came on while we were present. Pulse 106, moderately full, regular; no elevation of temperature; breathing stercoraceous; eyeballs insensitive to the touch, though when we first saw her they reacted slightly to light. She had been taking quarter-grain doses of morphia during the afternoon, and had taken altogether two grains. She had not apparently been in pain, but the morphia was given to quiet the convulsions. Her teeth were tightly clenched, so that a stick was inserted between them to keep her from biting her tongue. She had been unable to retain anything on her stomach for two days. The woman was evidently sinking, and we decided that operation was useless. She died at 10.45 A.M. on the 5th.

At the necropsy, the abdomen only was opened. The stomach was distended with gas, as was also the small bowel to within a foot or fifteen inches from the ileo-cæcal valve, where the gut presented the signs of inflammation, and was obstructed by an oval body, which felt, through the intestinal walls, very similar to a walnut. Below the obstruction the bowel was pale and empty. On removing the substance, it was found to be an oval body, three inches and a half in circumference in the long diameter by two inches and three-quarters in circumference about the middle. It was at first thought that it might be a foreign body swallowed at some time—a not uncommon fancy of lunatics; but when split through the middle (which was done easily) it showed a centre of a yellowish colour and vitreous fracture, while the circumference was composed of layers of darker material, arranged concentrically. It was evidently a gall-stone which had escaped from the gall-bladder, and had passed down the gut until it reached a point where it could proceed no further. Whether it had escaped from the gall-bladder through the duct when small, and had grown to its present size by degrees during its passage through or sojourn in the bowels, or whether it had ulcerated from the gall-bladder into the duodenum, I am not prepared to say, as there were no previous symptoms of the passage of a gall-stone, such as sudden pain, collapse, hiccough, &c., with their subsequent sudden subsidence; nor did we at the necropsy (which was a hurried one) discover any signs that it had ulcerated through the walls of the gall-bladder and duodenum.

I have no doubt that the proper treatment of this case, as of cases of intestinal obstruction in general, would be laparotomy; and if the obstruction was found to be caused by an impacted gall-stone, its removal or breaking up by means of a fine needle, as recommended by Mr. Lawson Tait,[2] would be the proper course to pursue. The diagnosis in this case, beyond constipation, was by no means easy until vomiting had set in, as the patient would give no expression of her feelings, and the abdominal walls were so thick that no tumour could be made out.

New Westminster, British Columbia.

[1] THE LANCET, Feb. 14th, 1885. [2] Ibid, Dec. 10th, 1887.

ROYAL UNITED HOSPITAL, BATH.—The sixty-third annual report of this institution states that during the year 1888 no special circumstances and events occurred which called for notice. There were 1004 admissions, being an increase of 29 as compared with the previous year. The out-patients numbered 7879, against 8602 in 1887. The expenditure was £5381 15*s.* 8*d.*, leaving a balance in hand of £359 19*s.* 2*d.*

A CASE OF DIABETES MELLITUS WITH TYPHOID FEVER.

BY J. DEARDEN, M.D., F.R.C.S.E.

As the above form of disease with typhoid complications is rather rare, I should like to place on record a case which has lately occurred to me.

P. F——, aged forty-one, called at my surgery on Nov. 6th, 1888, about 9 A.M., as he was going to his office. He complained of great weakness, shivering, headache, pains in the back and head, thirst, and restlessness during the night; also that he had been losing flesh lately, or, to put it in his own words, "The flesh is just peeling off my bones"; still, he was not so thin as such an expression would imply. He informed me that three weeks previously he had had two right upper molars removed for toothache, but that the gums had remained soft and spongy ever since, and the teeth generally loose, so that he had not been able to masticate his food properly. He looked pale and languid, and his usual buoyancy and liveliness were absent. On slight examination, in addition to the foregoing, I found the pulse to be rapid (125), weak, and thready; the tongue dry, and coated with a thin brown fur; thirst present, but not excessive; and no great desire for food. I requested him to return home as soon as possible, informing him that the symptoms generally pointed to typhoid. He did so about noon, and went to bed. I visited him next morning (Nov. 7th), when I found that he had passed a restless night, complaining of severe headache; the tongue, thirst, and pulse much the same as on the previous day; temperature 101°; the skin moist and inclined to perspire; no action of bowels since the previous day; urine rather abundant, and of a pale straw colour. On the 8th he was much the same. The urine which had been passed during the previous twenty-four hours amounted in quantity to four litres; sp. gr. 1048; on testing it with sulphate of copper and liquor potassæ I found it loaded with sugar. Later in the day he was seen by Sir William Roberts, of Manchester, who agreed *in toto* as to the nature of the case, pointing out that the extraction of the teeth might be playing an important part in the development of the glycosuria; and undoubtedly the typhoid owed its origin to defective sanitary arrangements of the house. The visits night and morning (which will serve no wise end to record) showed that under the treatment adopted, or the peculiar form of illnesses, the glycosuria was daily giving way, as shown by the steady falling of the specific gravity of the urine to 1030 on the 12th; but the typhoid fever was making equally steady progress, a few rose spots being visible on the abdomen; there was no diarrhœa, however, and the bowels always freely acted after an enema of soap water, the stools being dark and offensive; the temperature varied, but never exceeded 103°. On the morning of the 15th the symptoms generally were changed; there was low muttering delirium, picking at the bedclothes, and subsultus. He answered questions when roused, but quickly lapsed into unconsciousness. General tympanites was present, with hiccough. Occasionally he vomited a little dark grumous fluid, of the "coffee-ground" character. The pulse was about 140 and scarcely to be felt. He was bathed in perspiration. There was no chest disturbance. The temperature was a little over 102°. He had passed no urine during the night; about four ounces were removed by the catheter; specific gravity 1020. The exhalation from the lungs, which from the first had the diabetic odour, was so offensive as to make it almost impossible to stand nearer to the patient than three yards without feeling the sickly effects. At 2 o'clock P.M. he appeared to be rapidly sinking. I injected ten minims of ether into the arm, which had the effect of rousing him, so that he answered a question or two in monosyllables, such as "Doctor," &c. I repeated the injections four times at short intervals of about fifteen minutes. He gradually sank, and died at 9.40 P.M., ten days from my first seeing him.

The treatment in this case commenced with citrate of soda and potash, with tincture of conium; afterwards the effervescing saline, with conium, and eight grains of salicine every four hours in milk—the latter at the special suggestion of Sir William Roberts The restlessness was endeavoured to be combated by a pill composed of a

quarter of a grain of powdered opium, an eighth of a grain of extract of belladonna, and half a grain of carbolic acid; to be taken every four hours if need be. Six grains of calomel were given occasionally as a purgative. The diet consisted of chicken or mutton broth, beef-tea, egg and milk, milk and potash water, koumiss, brandy, Scotch whisky, and champagne, according as the circumstances called for one or the other.

Remarks.—This case scarcely comes under the general class of diabetes, considering its apparent short duration and the complication of typhoid fever. (I note in a short article in THE LANCET of Nov. 10th, 1888, a somewhat similar condition mentioned.) I have just said "apparent short duration." As I had frequent opportunities of seeing him, I had noticed that he was not what is termed "up to the mark"; he did not walk with his usual firmness; so that I should think it is more than likely that the disease had been of much longer duration than three weeks. With the exception of a sharp attack of jaundice in August and September, 1884, and passing gall-stones in January, 1888, his health had been all that could be desired. Nor was there any family history showing any tendency to this form of disease; on the contrary, he was of Scotch parentage, healthy and robust. The progress of the case was somewhat remarkable. At the onset the diabetes was well marked; at the termination fast disappearing. Typhoid was well developed, bringing to mind a saying of Mr. (now Sir) James Paget, some years ago, that two fatal diseases cannot be supported in the same body; one must give place to the other.

Church, near Accrington.

LOCAL INSOLATION.

By SURGEON-MAJOR T. HUME, M.B.,
INDIAN MEDICAL SERVICE, BANGALORE.

SOME years ago, in a paper on Vaso-motor Diseases in India,[1] I called the attention of the profession to the efficacy of the drug ipecacuanha in restoring the balance when any disturbance took place in this system; and I especially remarked on the power it displayed over the vessels of the liver in functional disease of that organ. Through a decade I have employed this drug in cases where the vaso-motor system was at fault, and I have not been disappointed. The following case of local insolation, with serious and distressing symptoms of dyspnœa and inhibition of the heart's action, along with the speedy relief afforded by ipecacuanha, is interesting both from the localisation of the effect of the sun and from a therapeutic point of view.

E. F——, an officer thirty-three years of age, of a nervous temperament, was on Jan. 12th, 1889, exposed to a hot Indian sun during the whole day. Owing to the direction in which the troops were marching, the left side of his head and body, but especially his neck, were exposed to the force of the afternoon sun. On arriving in camp he felt unwell and very hot, and he immediately took a warm bath, which somewhat relieved his feelings of discomfort. He went to mess for dinner, but while sitting at table immediately after taking some soup, he had an attack of vertigo and faintness, and leaving the mess, with difficulty reached his tent. I was sent for to see him about 9 P.M., and on my arrival found him sitting on the edge of the bed, with his arms straight, holding on to the bed, exactly as a person suffering from an acute attack of asthma does. The breathing was slow, about 10 per minute; the inspirations were long and slow. He complained of inability to get a proper breath; "the air would not go into the left side of his chest," he said. The whole chest was fixed by his arms, and the breathing largely done by the abdominal muscles. On auscultating the left side of the chest, air was heard entering the lung, and no abnormal sounds were detected. His pulse was very slow, and the apothecary who first saw him informed me that he could not detect any pulse at the wrist when he came. He was feeling sick and nauseated, had a pain of a neuralgic character over the right half of the head, and also a splitting headache; the expression was anxious, and the lower limbs were in constant motion. His face was pale, as well as the surface of the body; there was also frequent yawning. Before I saw him he had had an ether draught. I gave him three grains of ipecacuanha, and within ten minutes he lay down and immediately fell into a sound sleep, the breathing becoming easy and unimpeded, and the pulse increased in frequency and volume. He had a good night, and next day was well, but weak; the day following he returned to duty.

The cause of the symptoms is simple, though unusual, and the case is one of local isolation. The part of the patient's body most exposed was the left side of his neck, and the direct action of the sun on that part caused stimulation (heat stimulus) of the vagus, which gives rise to inhibition of the respiratory and cardiac movements and contraction of the bronchi and trachea (which caused the whistling character of the breathing in this particular case, and also the feeling of inability to properly fill the left side of the chest). The only thing that might be objected to was the length of time taken for the occurrence of the symptoms after exposure to the sun, but that these immediately followed the introduction of food into the stomach, which was the means of exciting the already stimulated pneumogastric, is quite a satisfactory link in the evidence. There was a certain amount of congestion of the base of the brain, as shown by the yawning, which also is "an indication of fatigue and inadequate working of the respiratory muscles"; but the case was essentially one of local insolation, as there was no rise in temperature such as occurs in cases of general insolation, but merely nervous symptoms, which were confined to the range of influence of one nerve—viz., the left pneumogastric. The administration of the ipecacuanha, as already stated, was followed by immediate relief, and its *rationale* of action can be accounted for in two ways; which of them acted in this case I leave to the individual fancy of the reader: 1. A slight stimulus means excitement, and a continuance of that stimulus or increase of it, as was done by the ipecacuanha, causes exhaustion, which meant relief to the symptoms, the pneumogastric being a nerve whose fibres are easily exhausted. 2. The production of an increased action in the vagus nerve, which, as in the case of pain produced in the nose overcoming the milder sensation of sneezing, the ipecacuanha accomplished, and relieved the distressing dyspnœa and feeling of suffocation. It is superfluous to mention the close connexion between the pneumogastric centre and the vaso-motor centre in the medulla, or to connect their manifestations in this case, as they can be seen from a study of the prominent symptoms.

St. Helens, Bangalore.

[1] Practitioner, 1878.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THREE CASES OF SUDDEN DEATH.

By BEAVEN RAKE, M.D. LOND.,
MEDICAL SUPERINTENDENT OF THE TRINIDAD LEPER ASYLUM.

IT is probably not often that three such unusual cases of sudden death come under the notice of one observer in the short space of five days. A few notes may, perhaps, be of interest.

CASE 1. *Volvulus.*—M——, a strong, muscular negro, aged about fifty, had been working at gardening up in the hills for four days. At 1 P.M. on Feb. 16th, 1889, he was suddenly attacked with vomiting, and complained of pain in the abdomen. He died at 3 P.M. The bowels acted just before death. I made a post-mortem examination about 6 P.M. The cæcum was greatly distended, chiefly with air. The transverse colon was twisted on its long axis at about one-third of the whole length. There was also some flatulent distension beyond the volvulus. The stomach was empty and showed no evidence of poisoning. The other viscera were healthy. The suddenness of death in this case suggests a shock conveyed to the solar plexus from the twisted bowel.

CASE 2. *Sunstroke.*—A. S——, a negro, aged sixteen, a tuberculated leper, was admitted to the asylum on April 7th, 1888. With the exception of the leprosy and an attack of fever, he was in ordinary health till Feb. 18th, 1889. At 10 A.M. on this day, after working in the asylum grounds,

he was sitting on a bench under a tree, when he suddenly fell down, as if in an epileptic fit. He was more or less convulsed all day. There was no paralysis, and the pupils reacted well to light. Towards evening he became quieter and drowsy. The next morning he appeared relieved by quinine and castor oil, but died suddenly at 10 A.M., just twenty-four hours after the onset. The necropsy, two hours after death, showed some engorgement of the vessels of the brain, but not much effusion. The spleen weighed nine ounces, and was becoming diffluent. The blood was fluid throughout the body. There was a good deal of hypostatic congestion of the lungs. The cavities of the body felt very hot to the hand, so the following temperatures were taken: Right pleural cavity, 102·2°; left, 101·4°. Interior of spleen (thermometer plunged into its substance), 103·2°; liver, 106°. This seems to be a genuine case of sunstroke—an accident rare in Trinidad.

CASE 3. *Rupture of Coronary Artery.*—M. S——, a coloured woman, aged sixty-eight, went to bathe about 7.30 A.M. on February 20th, 1889, in one of the mountain streams. While in the water she was heard to cry out, and began to struggle. She was taken out of the water, and died a few minutes afterwards. Her previous health had been good, with the exception of some complaint of vertigo. The necropsy showed a large clot in the pericardium, enveloping the heart, and representing six or seven ounces of blood. Further examination showed a small opening in the descending branch of the posterior coronary artery. There was some discolouration of the heart muscle, with a small cavity in its substance, and minute nodules, apparently aneurysms, in the course of the artery. The kidneys were becoming granular. There was a calcareous plate just above the semilunar valves, and the aortic arch was very atheromatous. The brain was healthy. It would appear that the shock of the cold water on the peripheral circulation caused sufficient increase of tension to rupture the atheromatous coronary artery.

Trinidad.

CASE OF FROST-BITE, FOLLOWED BY GANGRENE, NECESSITATING AMPUTATION OF BOTH THIGHS.

By J. SINCLAIR HOLDEN, M.D.

SERIOUS cases of frost-bite are so rare in this country that an account of the following case may be of interest.

William C——, aged thirty-eight, was discharged from the navy eight years ago for misconduct, since which time he has followed the profession of an able-bodied tramp, generally keeping to country districts, and preferring any amount of exposure and hardship in the open air to seeking a night's lodging in the tramp ward of a workhouse, where he would have been compelled to pay for his accommodation by a few hours of stone-breaking in the morning. On the night of Feb. 13th, one of the coldest this winter, when the thermometer registered 22° of frost and a severe snowstorm took place, this wretched man took up his quarters for the night by the side of a straw-stack in a farmyard, not two miles from the workhouse; he pulled off his boots and wrapped his bare feet in an old waistcoat, and went to sleep. During the night snow fell heavily, and a mass tumbled off the stack and banked him in, so that he was unable to move. In the morning he attracted the attention of some of the farm labourers, who extricated him, and procured him some hot drink and wraps, and conveyed him to the Sudbury Workhouse, as his legs were so numb he could not walk. He was admitted to the infirmary, where he had every care and attention. His feet were swollen and dusky, and after a few days gangrene of the toes commenced. As this showed signs of spreading, Dr. Mason, the medical officer, asked me to see him in consultation. We considered amputation of both feet would be necessary, but to this the patient would not consent, though everything was said to explain the urgency of the operation. The following day he was more anxious about himself, and consented to submit to whatever we advised; but in the meantime the gangrene had rapidly spread and involved half of the feet, which were black and offensive, while the ankles and calves were becoming dark from venous thrombosis; his temperature was 102°. Though a weakly subject, and in bad condition, his only chance now lay in immediate amputation of both thighs. The arrangements were soon made, including antiseptic spray and accessories, and, with the assistance of Drs. Mason and King, I amputated both thighs at the lower third by antero-posterior flaps; he lost but little blood; the stumps were iodoformed and encased in carbolised gauze and wool. He rallied satisfactorily after the operation, and for several days improved, encouraging hopes of recovery. The left stump healed by first intention; the right had some suppuration, which caused the sutures to give way and exposed the bone to a slight extent, but was quite free of any septic change. His temperature, however, always kept up, ranging from 101° to 103°, and he did not take sufficient nourishment. Gradually he got weaker, sweats and delirium ensued, and he died twenty-four days after the operation.

Sudbury, Suffolk.

TYPHOID FEVER.

By GEORGE A. BRANSON, M.R.C.S. &c., J.P.

THIS preventable disease has a high mortality in England, as I saw in three hospitals at home where I held resident appointments, but I regret to say an even higher death-rate probably occurs in Australia from it. The returns of cases of typhoid fever recently published by our Central Board of Health as having occurred from Dec. 1st, 1888, to Jan 24th, 1889, are as follows:—

	Cases.	Fatal.
Melbourne	34	6
Ballarat	3	2
Collingwood	19	8
Fitzroy	16	5
Prahran	27	7
Richmond	28	4
Sandhurst	18	7
South Melbourne	36	13

This statement shows a total of 181 cases with fifty-two deaths—a grievously dismaying result; and these are but the first eight towns on the list, and, with the exception of Ballarat and Sandhurst, the other six are Melbourne and its suburbs.

I was fortunately able to attend the recent delightful Medical Congress in Melbourne, where much was said about typhoid fever, but little or nothing as to its treatment; and as I have had an unusual success by adopting an almost routine line of treatment in these cases, I wish to bring it before the profession, especially since I am informed by many leading practitioners that they have never tried the drug I rely upon—veratrum viride. Of the last twenty-seven cases I have treated with it, I have only lost one; and he, poor fellow, recklessly killed himself. Having doubted my diagnosis, he went by mail to Melbourne, a distance of 150 miles, where he stayed for two days mostly walking about, then came back here collapsed, but drove home ten miles in a buggy over a rough road, and died three days afterwards of sheer exhaustion. The line of treatment I adopt is to begin with eight or ten grains of calomel, and order an eight-ounce mixture, containing one drachm of tincture of veratrum viride, of which the patient is to take one tablespoonful every second hour until the pulse is down to 100 beats per minute, and then to take it less frequently so as to keep it at or about 100. I have seen three doses reduce a pulse in seven hours from 150 to below 100, and the temperature at the same time from 105° to 102·5°. I believe veratrum viride strengthens the heart unless pushed to an excessive dose. I persuade my patients to lie, during the first fortnight, alternately on their right and left side, so as to save their backs for the later stages. I never give a purgative after the first week, but the mildest of laxatives, such as a refreshing dose of the granular citrate of magnesia; and if this does not act sufficiently I give an enema, for I have seen more than one patient collapse from a reckless dose of castor oil. I advise frequent spongings of the body, and, if the temperature should go up in spite of the veratrum viride, I use antipyrin freely; but I have seen this drug produce delirium in a child, although it reduced the fever, and bromide of potassium soon removed the delirium. I never permit a typhoid patient to take anything but milk, water, and soda water until about the third week, when I usually give brandy, and often give it freely. When the evening temperature is down to normal and the morning temperature has been so for two days, I order other liquid food, but no meat for another month.

I do not lay claim to any new discovery with veratrum viride. I have used it freely in some very severe cases of typhoid fever; and in a bush practice like this good nursing is only present in one's dreams, and the same remark will apply to ice and other sick comforts. Added to this, for three consecutive days recently the shade temperature went up to 109°, 112·5°, and 111° F., and yet veratrum viride in my hands has never failed to do good. I would urge a more extended use of it in the interest of patients who may be suffering from this very fatal disease, typhoid fever.

Tungamah, Victoria, Australia.

ON CERTAIN EFFECTS OF TOBACCO SMOKING.

By A. G. AULD, M.D.

THE practice of tobacco smoking is so general amongst the male sex that it is very commonly overlooked in computing the causes of disease. And this seems somewhat strange when it is considered that one of the most virulent known poisons should be continually at work in the system—a poison, moreover, whose physiological reactions have never been accurately determined. A vast number doubtless tolerate the poison well; by a goodly number tolerance is less easily acquired—that is to say, it is acquired at greater expense to the system; whilst there are others by whom tolerance is almost impossible of attainment. It is my growing impression that tobacco is responsible for a variety of functional derangements which there is no reason to aver cannot terminate in organic disease. Some of these are already well known, and easy of detection to their true source; but there are others less so, and it is my present object to notify two of them.

The first is albuminuria. Since the routine examination of the urine by careful chemical testing has come more into vogue, small quantities of albumen are frequently detected in the urine of apparently healthy persons. Having systematically examined the urine in hundreds of cases for a number of years, I am convinced that the slightest trace of albumen in the urine is pathological. It is, however, frequently induced by preventable causes, and one of these is chronic poisoning by nicotine. I do not observe any mention of tobacco smoking in this connexion in Dr. Grainger Stewart's work on Albuminuria, or, indeed, in any other writings on this subject; but I have certainly traced the disorder in a few cases entirely, and in others partially, to the habit in question.

The other affection pertains to the neuro-muscular system. It consists in localised fibrillary twitchings, something similar to what is observed in progressive muscular atrophy, and perfectly distinct from tremor. Charcot states that a similar phenomenon is occasionally found in hypochondriasis. The twitchings are often excessive, and occur most frequently about the trunk and upper arms. Besides its action on the centres, it is probable that the poison acts directly on the nerve termini in the muscles, as it is found that when tetanus of the inspiratory muscles succeeds to nicotine poisoning, section of the vagi is ineffectual to prevent it. According to Kölliker, the muscular irritability remains unaffected by nicotine.

It remains to say that when such symptoms as the above are found in association with tobacco smoking, it will not suffice merely to indulge less in the practice. To effect a cure, tobacco in every shape must be entirely dispensed with. It is unsuited to the constitution, and its abolition should be permanent.

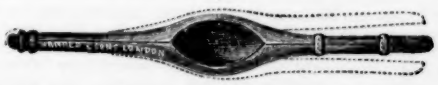
Glasgow.

ON CIRCUMCISION.

By W. W. SINCLAIR,
RESIDENCY SURGEON OF SELAUGOR, MALAY, PROTECTED NATIVE STATES.

THE necessity of circumcision in many cases, and the benefits derived therefrom being more recognised in modern surgery, have brought this ancient operation more into vogue at the present day. Still, the appliances for facilitating this operation are few, and beyond the description of it in "Erichsen's Surgery" the subject is passed over very casually by the majority of writers of surgical works, or, on the other hand, made rather complicated. The accompanying woodcut (Fig. 1) represents the original "Sapit Bersûnah," or circumcising instrument of the Malays, and has been in use for very many years in Rio and the Malay peninsula. It consists of two strips of mirabo wood, held together by four rottan rings, two being at each end, and hollowed out at its broad centre into an oval concavity. The dotted lines represent the instrument open, the two rottan rings being withdrawn. While open, the glans penis is laid in the concavity and the skin drawn through, but great care is taken not to injure the frænum in any way. It is left protected in the hollow with the glans; the instrument is then closed like a clamp and

FIG. 1.



fastened by the rottan rings being passed over and up the ends; the skin is then removed by the slicing action of a sharp knife (preferably a good English razor) drawn through the skin with the edge close to the wood. The portion of skin removed should have the shape of a jelly bag, the only dressing used being a little native tobacco or pounded guava leaves; but the Imams prefer iodoform or carbolic acid when they can get them. This operation is generally performed when the child is about eight years of age, by the Imâm (Mahomedan priest), but can be performed at any age, this being one of the requirements when embracing the Mahomedan faith. In the case of a

FIG. 2.

female the clamp is not required; only one-eighth of an inch is nipped off the end of the clitoris, and this is generally done by an old woman of the village. Fig. 2 represents a plated steel clamp made by Messrs. Arnold and Sons of London, which is an improvement on the wooden instrument (Fig. 1), which was made for and at the suggestion of Haji Rajah Boh of Selaugor. I have found the operation with this clamp so simple, rapid, clean and safe, no stitching of the mucous membrane or tying of vessels being required, that I have no hesitation in recommending this instrument, with the Malay operation, to the profession.

Selaugor, Malay.

A CURIOUS COMPLICATION OF PUERPERAL ECLAMPSIA; UNCONSCIOUSNESS FOR EIGHTY-FOUR HOURS; RECOVERY.

By RAINSFORD F. GILL, M.B., M.R.C.S.

I WAS called to attend a primipara, aged twenty-one, at about 10 A.M. one Sunday, labour pains having just begun. She appeared rather puffy about the face, and there was considerable pallor, but no headache was complained of, and everything appeared normal. I was obliged to leave then, but heard at 2 P.M. that she was having fits, and, on arrival in about an hour, found she was having strong convulsions at intervals of about twenty minutes. I at once gave twenty grains each of potassic bromide and chloral per rectum, and administered chloroform as soon as symptoms of a fit appeared, keeping her slightly under it in the interval. By these means the fits became less severe, and occurred at longer intervals, so that I was enabled to leave at 6 P.M. to get more drugs. The fits continued until 11 P.M., when I again resumed the chloroform, she having had another injection of bromide and chloral in the interval). The child was delivered at 12 o'clock, stillborn; and on attempting fifteen minutes later to extract the placenta, I found I was unable to do so, and on examination found the os so tightly contracted that I was unable to introduce my finger. The uterus could, however, be felt externally to be quite flaccid and dilated, and on applying pressure to it blood could be squeezed through the os as from a bag. After some minutes I in-

sinuated one finger through the contracted portion, which only reached up for about an inch and a quarter, the finger passing beyond into the cavity of the uterus, in which the placenta could be felt lying free. With difficulty a second finger was introduced and a portion of the placenta dragged through, and finally the whole of it after over half an hour's delay. The bleeding meanwhile was very free, but ceased on extraction of the placenta. All this time the patient was in a state of tonic spasm, adding greatly to the difficulties. After syringing out the vagina and administering nutritive enemata, with a further dose of chloral and bromide, I left for the night.

The patient, who had never regained consciousness after the second fit, continued in a comatose condition till 4 A.M. on the Thursday morning, when she first recognised people around her and spoke to them. From that time she became convalescent as rapidly as if the labour had been a normal one. Her temperature never rose over 100·5°, and urine was secreted abundantly after the first twenty-four hours. I was unable to expedite matters during the first stage of labour, as I did not possess Barnes' bags; the forceps could not be used on account of the tonic spasm, and I had no one to give chloroform. The point of interest here, I think, is that the spasm only affected the lower portion of the uterus, and that to a very intense degree.

South Hampstead.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

TWO CASES IN WHICH LARGE GROWTHS WERE REMOVED FROM SCARPA'S TRIANGLE; RECOVERY.

(Under the care of Mr. SYDNEY JONES.)

THESE cases are interesting as examples of the removal of large tumours from a region where the connexion of the tumour with surrounding vessels and nerves may make the operation one of the greatest gravity. In the first case such a complication arose from the close attachment of the femoral vessels to the surface of the tumour, and it was not possible to remove the growth without the division of the superficial femoral artery and vein. The ligature of these vessels at the point pressed upon by the tumour is not, however, so severe as when the application of a ligature is required in cases of recent wound of these vessels. The gradually increasing pressure on them caused by the growth of the tumour has usually given the collateral circulation time to become established, and the risk of gangrene is thus diminished. It will be noted that a large artery was divided at a later stage in the operation, and thus the circulation in the parts below further interfered with. Mr. Jones was of opinion that this was an anastomosing vessel and not the profunda femoris, as was thought by some of those present at the operation. The fact that the saphena vein was also divided in the first steps of the operation increased the anxiety as to the restoration of the circulation. The leg rapidly recovered its warmth, and, with the exception of that temporary loss of heat and the œdema, for three days (seventh to tenth after operation) there were no signs of interference with the circulation, excepting for the absence of pulsation in the vessels at the ankle, and the slight œdema which came on when the patient first began to use the limb. In a paper in the Medico-Chirurgical Society's Transactions[1] four cases in which the femoral artery and vein were ligatured for wound inflicted during the removal of a tumour are mentioned. 1. Stromeyer removed a piece of the femoral artery and vein with a tumour. The vessels were ligatured above and below the wound. The patient recovered. 2. Volkman, in removing a myxoma of the thigh the size of a child's head, removed a piece of the femoral artery and vein below the origin of the profunda. The vessels were ligatured above and below the wound, and the patient recovered. 3. Von Oettingen, in an operation for the removal of a tumour of the thigh, wounded the common femoral vein. He applied ligatures above and below; the leg became cyanotic, and he applied a ligature to the artery. The cyanosis disappeared. This patient died from septicæmia on the fifth day. 4. Billroth tied the common femoral artery and vein for a wound inflicted during the removal of cancerous glands. The patient died on the second day from septicæmia. In none of these cases did gangrene follow the ligature of vessels. In 1885[2] we recorded a case in which all the main vessels in the groin were ligatured by Mr. Davy during the removal of a lympho-sarcoma. Gangrene of the leg followed, and the man ultimately died from tetanus, after amputation of the thigh. The tumour was of interest, from the unusual characters which it presented. Its appearance suggested a possible bursal origin in connexion with the psoas muscle, but this muscle was never exposed; the size of the growth and the appearance of the new formation in its walls also negatived this view. In the second case, although no vessel of very large size was removed, the attachments were very vascular and the hæmorrhage free. In the removal of each tumour it was necessary to use some traction in order to separate the growth, and the low vitality of some of the fascial bands was shown in their subsequent sloughing; this partly accounted for the failure of the antiseptic treatment. The following account is from the notes of Messrs. C. Wyman and E. E. Ware, dressers.

CASE 1.—A. T——, aged thirty-five, a brakesman, was admitted into the Albert ward on Dec. 14th, 1888, and left cured on March 1st, 1889. Five years and a half ago he noticed a lump in the upper part of the thigh on the right side; it was then about the size of a walnut. He could not move it about. The swelling increased slowly and steadily for about five years, and he applied for relief at the Salisbury Infirmary about eight months ago. It was tapped and twenty-four ounces of clear fluid drawn off, the swelling for the most part disappeared after the tapping, but there was still a hard lump left. It filled again at once, and three weeks later the tapping was repeated, when twenty-six ounces of almost pure blood were obtained. A drainage tube was inserted, and there was a discharge from the sinus until a week before admission. He never had any pain in it. The tumour had become much smaller than it was before the first tapping (three inches according to circumferential measurement). Iodine water was syringed into it for three months. Two of his brothers had lumps removed from their necks, but he does not know what they were. There is no history of syphilis. He has had lumps in his neck, and has suffered from carbuncle, but has otherwise been a healthy man. Has never injured the thigh, but noticed occasional "ricks" in the thigh before any swelling appeared.

On admission, there was a large, hard, tense tumour filling up the whole of Scarpa's triangle on the right side. It was about the size of a cocoanut. It was movable in all directions to a certain extent, and was apparently fixed to the deep fascia, though not to the bone. There was no increased heat in it, and fluctuation could not be detected. There were no enlarged glands to be felt. The superficial veins and lymphatics coursed over it, and the femoral vessels ran to the outer side of the growth and under it, whilst the sartorius just skirted its outer edge. Urine: sp. gr. 1030; no albumen; deposit of urates. Temperature normal.

Dec. 19th.—The patient having been placed under ether, Mr. Sydney Jones removed the tumour. A vertical incision was made over it and through its whole length, and a portion of skin (including the scar from previous drainage) removed by a second incision which joined the first. The saphena vein was ligatured in two places, and divided between. The upper surface of the tumour was exposed and cleaned pretty easily, but on getting deeper down, near its base, the superficial femoral artery was seen to be closely adherent and running round to the outer and under surface of the growth. It was found necessary to tie and divide this vessel, a portion about one inch and a half long being removed. The femoral vein pierced the firm connective tissue at the upper part of the tumour, and was divided in the

[1] Walsham, vol. lxxi., p. 232.

[2] THE LANCET, vol. ii. (Mirror of Hospital Practice), p. 1128.

dissection. The base was fixed to the deep fascia overlying the pectineus and adductor longus muscles. In separating the lower part from the surrounding structures a large artery was divided and ligatured. After the tumour had been removed the bleeding points were secured and a superficial branch of the anterior crural nerve, which was lying in the wound, was divided and a portion removed. The wound was washed out with a solution of chloride of zinc (forty grains to the ounce), and stitched up with alternate silk and catgut sutures. Iodoform dressings were applied. During the operation the pulse became weak, but the patient quickly revived on the administration of a brandy enema. About five hours after the operation the dressings were changed, as the blood and serous oozing had saturated them. The right foot and leg were rather cold, but the patient had no pain in the limb. At 7 P.M. his temperature was only 96·6°. The tumour on removal was hollow, with thick dense walls, and nodules on its exterior of more recent growth; it was not connected with the psoas tendon. Microscopically, it showed fibrous tissue, both well developed and embryonic. It seemed to resemble what French writers call "adeno-lymphocele." The fluid contained in the cyst was clear and straw-coloured; some shreds and films of apparently coagulated lymph were adherent to the lining wall of the cyst.

20th.—The man passed a fairly comfortable night, dozing all the time. He had some pain about midnight, which was relieved by a subcutaneous injection of morphia. This morning there is slight pain behind the knee; the right foot is colder than the left, though it is fairly warm. Temperature normal.

21st.—Right leg and foot as warm as the left, and there is no œdema of the leg. Wound dressed yesterday; there was a good deal of serous discharge, mixed with blood. A drainage tube was inserted into the upper part of the wound, and the wound syringed out with 1 in 40 carbolic acid solution.

28th.—The patient has continued comfortable, but has had some pain in the calf of his leg. There has been some œdema of the leg, but this has now subsided. The leg and foot are warm. There is no discolouration of the skin. There is some suppuration in the wound, and the discharge smells rather badly. The temperature usually reaches 100° in the afternoon or evening.

29th.—Some of the stitches were removed yesterday, and the remainder to-day, and free exit given to the discharge. There were some shreds of slough visible in the wound, but the greater part is clean and looks healthy. The wound was syringed, and strapping applied to retain the edges of the wound in position. The tibial arteries cannot be felt. The leg and foot were covered with hot applications of lead lotion during the three days that the leg was œdematous (26th to 28th); cotton wool and a flannel bandage are now applied.

30th.—Boracic acid lotion applied as a dressing, a drainage tube placed in the upper part of the wound, and the patient told to lie on his right side; by this means the tendency to bag in the deeper parts of the wound was overcome. Strapping is still employed.

Jan 3rd, 1889.—Progressing very favourably. Wound dressed twice a day with boracic acid lotion; it looks healthy, but the discharge is thin and watery, and the shreds of slough are not all separated. He left the hospital on March 1st, having been up and walking about for some days before going out. There was at first some tendency to swelling of the leg, but this improved with the aid of a flannel bandage.

CASE 2.—J. S——, aged twenty-three, a general labourer, was admitted into the Albert ward on Nov. 16th, 1888, and left on Feb. 6th, 1889. On admission he complained of a tumour in the upper part of his right thigh. This he had first noticed about twelve months before, when it was about the size of a hen's egg; it caused him no inconvenience or pain. It gradually increased, and about four months ago the growth became more rapid; but the patient suffered no pain, though the presence of the tumour somewhat impeded him in his work. He was treated seven weeks in the Barnstaple Infirmary, when a trocar was passed into the swelling, but no fluid withdrawn. The family history was good. He had not suffered from any particular illness, and had never had syphilis.

On examination of the tumour, it was found to be of a somewhat oval shape, about five inches in its long diameter and three inches and a half in its short diameter, situated in the upper part of the adductor region of the right thigh. It extended over the upper third of the thigh, being limited above by the rami and tuber ischii, and was well circumscribed, lying beneath the gracilis and to a slight extent the adductor longus muscles. When these muscles were relaxed it was slightly elastic, but no fluctuation was detected, and the skin moved freely over it. The tumour was freely movable transversely, and was not apparently attached to the bone. When the muscles were contracted the tumour became hard and immovable, and did not protrude between the muscles. There were no enlarged glands to be felt. His general health was good, and he was not losing flesh. Urine normal.

On Nov. 23rd some fragments of the tumour were removed by means of a trocar and cannula. When examined under the microscope they were found to be typical specimens of spindle-celled sarcoma.

On the 30th, the patient having been placed under ether and fixed in the lithotomy position, Mr. Sydney Jones made a longitudinal incision over the tumour of about seven inches in length down to the gracilis muscle, which was closely connected with the growth and difficult to separate from it. On the separation of the gracilis the tumour was fully exposed. It was found to be encapsuled; removal was effected without difficulty, there being only a few adhesions at its upper part to the deep adductor muscles. The hæmorrhage being somewhat profuse, the bleeding points were caught with forceps and the vessels ligatured. Some portions of ragged tissue were then removed, and the wound washed out with carbolic acid lotion (1 in 40). A drainage tube was inserted beneath the gracilis, and the edges of the wound were then approximated with silk and catgut sutures. Antiseptic dressings and an anterior plaster-of-Paris splint to prevent flexion of the thigh were then applied, and the patient placed in a position to assist drainage. The temperature at night was 100·6°.

The wound was dressed on Dec. 1st. The discharge was slight; there was some tension of the stitches. The temperature at midnight was 103·2°. On the next day, the temperature continuing high, the wound was dressed and the stitches from the lower part removed. A large quantity of discharge escaped. The temperature fell slightly after this. The wound was now dressed daily. The tube was removed on the 3rd, and one of smaller size inserted. The discharge continued profuse and the temperature high. On the 10th two more tubes were inserted, and the edges of the wound approximated with strapping. On the 14th an abscess was opened in the lower portion of the posterior surface of the thigh. It appeared to be unconnected with the wound, and was quite superficial. It was treated with antiseptic applications after incision, and soon closed. After this the wound healed rapidly, and, the discharge diminishing, the tubes were gradually withdrawn. On Jan. 2nd, 1889, the dressings were changed to lead lotion, which was used for a short time, and then, under zinc ointment, the wound entirely healed, the patient leaving the hospital on Feb. 6th.

MARGATE COTTAGE HOSPITAL.

STRANGULATED INGUINAL HERNIA; REDUCTION EN BLOC; OPERATION; REMARKS.

(Under the care of Mr. W. TREVES.)

THIS case is an example of one form of reduction *en masse*, the sac being pushed back out of the canal, with its contents in a state of strangulation. This is the variety to which Luke particularly drew the attention of the profession, and occurred in the more usual manner—that is, by the forcible efforts of the patient himself. It is almost unknown in inguinal hernia of the acquired form. Mr. Birkett described a second variety, in which the neck of the sac is ruptured, and the contents forced through the rent between the peritoneum and abdominal wall, the strangulation continuing. Two other forms are described: in one the neck of the sac is completely detached, and the contents of the hernia thrust into the space between the peritoneum and the abdominal wall; in the other the contents of the hernia are reduced into a second sac or diverticulum extending from near the neck of the first. In all these the symptoms persist, and it is necessary to operate.

J. T——, aged forty-eight, was admitted on Nov. 18th,

1888. The patient stated that he had suffered from rupture for some years, that it came down occasionally, that he had always been able to get it back again, and that he wore a truss. On going to bed on Nov. 16th, his rupture came down, and was attended with severe pain. He made three attempts to return it. At the third attempt it went back, but the severe pain continued. He had suffered from continued pain, vomiting, and retching, with confined bowels, and had taken no food.

On examination, the testicle was found lying against the left ring; it had, it was stated, disappeared, but had come out again; the rupture had been reduced, but above Poupart's ligament was a swelling the size of the fist, and all the symptoms had continued with unabated severity.

On the day of admission (Nov. 18th), at 6 P.M., nearly forty-eight hours after the strangulation, the inguinal canal was laid open, and the distended sac could be felt through the canal. It was seized with a large pair of Spencer Wells' forceps, and an endeavour was made to drag it down through the ring, but without avail. A section was then made through the abdominal wall over the swelling, in a line between the epigastric artery and the middle line, commencing about an inch above Poupart's ligament, and extending upwards for about three inches. The sac, being then exposed, was opened, and about a foot of congested but not irrecoverable gut exposed; the neck of the sac was found lying towards the median line, and about one inch from the same. The stricture was in the neck of the sac; this was divided, and the gut returned; the neck was then transfixed and ligatured with silkworm gut in two halves, and the sac cut away. The opening was closed with deep and superficial sutures of silkworm gut.

The man made an uninterrupted recovery, with radical cure of the hernia. He was kept in bed for three weeks.

Remarks by Mr. TREVES.—In cases of reduction *en bloc* similar to the above, all the older writers recommend that the canal be opened and an endeavour made to drag back the sac through the abdominal opening; this, if the hernia has been reduced by great force, is manifestly impracticable without free enlargement of the opening, and, in fact, without the making of an abdominal section in an exceedingly unsuitable place. In similar cases it would probably be better, as Mr. F. Treves advised in this instance, to make the abdominal section direct.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Diffuse Calcification of Liver.—Bilharzia.—Gastric Cancer.—Hepatic Cirrhosis.—Osteo-arthritis.—Unilateral Interstitial Nephritis.

AN ordinary meeting of this Society was held on April 16th, the President, Dr. W. H. Dickinson, being in the chair.

The PRESIDENT, before the commencement of the business, alluded, in a few well-chosen remarks, to the loss the Society had recently sustained by the death of its first President, Dr. C. J. B. Williams, who, during his long life, had contributed many valuable additions to pathological knowledge.

Dr. NORMAN MOORE read the report of the Morbid Growths Committee on Mr. Hutchinson's case of Crateriform Ulcer of the Face. The microscopical characters established the view that it was a squamous-celled carcinoma; the deeper part of the growth showed tubular processes somewhat like sweat glands, and it was possible that the neoplasm might have arisen from these structures.

Mr. TARGETT showed a specimen of Diffuse Calcification of the Liver, which was removed from a man aged sixty-two, who died in the Exeter Hospital. It was presented to Guy's Hospital Museum by Dr. Davy. There had been a tumour in the epigastric region for seventeen years, which was very hard but not tender, and did not interfere with his work as a farm labourer. Four months before death he developed an empyema on the right side, for which he was treated in the hospital. At that time the abdomen presented a swelling of stony hardness in the epigastric region, which moved with respiration, and appeared connected with the liver. There was no ascites, but the veins over the upper part of the abdomen and the lower part of the chest were enlarged and varicose. There was no jaundice until two days before death, which resulted from facial erysipelas. The clinical report was very incomplete, and the condition of the urine was not mentioned; but at the post-mortem examination the kidneys looked normal, though much enlarged. The spleen was four or five times its usual size; the liver was firmly adherent to all the surrounding parts; after removal it weighed 66 oz. The left lobe was very much enlarged, and was the cause of the epigastric swelling. The capsule was much thickened, and the substance of the liver so hard that it had to be sawn into sections. The greater portion of the organ was then found to be replaced by fibrous tissue, which was infiltrated with calcareous deposits, composed of carbonate and phosphate of lime and a large proportion of organic matter, but did not contain cholesterin or bile acids. Microscopic examination of the least affected parts of the liver showed changes like those of monolobular cirrhosis, and there were many groups of small round cells in the strands of fibrous tissue. One striking point was the amount of new tissue in the centre of the lobules spreading out between the rows of liver cells. The other parts of the liver were decalcified and examined, but they showed little more than fibroid tissue. There was no caseation; no gummata or evidence of parasites could be found. He considered that the thickening of the capsule, together with the amount of fibrous tissue in the interior of the organ, were suggestive of the primary change being syphilitic, but there was none of the cicatricial contraction so commonly found in old syphilitic livers. The clinical history did not mention syphilis or alcoholism. The specimen was referred to the Morbid Growths Committee.

Mr. BOWLBY exhibited the urinary organs and parts of other viscera removed from two cases of Bilharzia. The first patient was an Arab, who was admitted into the hospital at Alexandria under the care of Dr. Mackie. The man was suffering from severe cystitis, with foul blood-stained urine. On examination, the bladder was found to be greatly thickened, and felt as though it contained a malignant tumour. In the urine the ova of the bilharzia worm were found. Perineal cystotomy was performed to relieve the patient's sufferings, but he died a fortnight later. At the post-mortem examination numerous female bilharzia worms were found in the portal vein, thirty-seven of which, together with the urinary organs and portions of the lungs and spleen, had been sent by Dr. Mackie to Mr. Bowlby. The bladder was contracted and thickened. The mucous coat was covered with a shreddy mass of finely fibrillated villous growth. The ureters were dilated, with thickened walls, and the mucous membrane was covered by phosphatic deposit. The kidneys were in a state of suppuration. Under the microscope the thickening of the bladder wall was found to be due to an interstitial overgrowth of fibrous tissue, and the mucous membrane had been destroyed and was replaced by young fibrous tissue. There were numerous ova imbedded in the wall of the bladder. The walls of the ureters were filled with ova, some of which could be seen in the mucous membrane where it had not been destroyed. The kidneys showed the changes due to nephritis, and contained numerous ova. The lungs were semi-solid; several ova scattered through them. The second patient was a boy, seventeen years of age, from whose rectum Dr. Mackie removed a tumour (exhibited). The patient had suffered from rectal pain and the passage of blood. The tumour consisted of a diffuse papillomatous growth, which under the microscope was found to consist of a loose, richly cellular, fibrous tissue, in the interstices of which were numerous ova.—Dr. STEPHEN MACKENZIE said the opportunity of studying the general pathology of this disease was rare. He asked what was the origin of the coagula and fibrous threads often seen in the urine in these cases. Were any parent worms found in the bladder? They nearly always inhabited the bloodvessels. The ova in the alimentary canal were said to have lateral spines, while those in the urinary tract had terminal ones.—Dr. MOORE had found both lateral and terminal spines on ova in both situations.—Mr. BOWLBY, in reply, said that the processes were composed of young fibrous tissue in a state of disintegration. The parasites were only found in the portal vein.

Dr. GOODHART related a case of Cancer of the Stomach following gastric ulcer in a man aged thirty-one. Two years before his death he was attacked by dyspepsia, his stomach was dilated, and he vomited nearly everything

he took. Under treatment, he got better at first, but later he relapsed and died. At the post-mortem examination the stomach was found contracted, and the walls infiltrated with carcinomatous growth; near the pylorus was the scar of a chronic ulcer, and there was secondary deposit in the liver. He regarded the ulcer as the primary lesion, and thought that the cancer commenced in the scar.—Dr. MOORE doubted if the small spot of ulcer was the origin of the carcinoma; besides, the latter when it originated in ulcer did not infiltrate the organ diffusely. He thought that cancer of the stomach had a longer life than two years—certainly four or five.—Dr. S. MACKENZIE said that the diagnosis of ulcer was not substantiated in the first instance, and the fact that careful treatment subdued the gastritis at first did not negative the possibility of cancer being then present.—The PRESIDENT said that Napoleon was out of health at Waterloo, but he did not die of cancer of the stomach till six years later.—Dr. GOODHART, in reply, said it was impossible to substantiate the diagnosis of ulcer; and a small ulcer, he thought, would start a growth as easily as a large one.

Dr. GOODHART also described a case of Cirrhosis of the Liver occurring in a female aged twenty-one. There was absolutely no history of alcoholism or syphilis. Two years before her death she married, and three months later had a miscarriage, which was followed by septic poisoning. Later she developed jaundice and ascites, and vomited large quantities of blood. The post-mortem examination revealed an ordinary case of cirrhosis with enlarged spleen. He suggested that the cause was plugging of the portal vein from the septic trouble, with secondary shrinking of the liver and fibrotic change. He alluded to the extreme rarity, clinically, of cirrhosis, apart from a history of alcoholism or syphilis.—Dr. MOORE related in detail a case of hæmatemesis which was associated with the presence of a firm cord-like clot in the portal vein; the liver was firm, but not cirrhotic. He emphasised the close relation between alcoholism and cirrhosis.—Dr. HALE WHITE described a case in which the liver was constricted by a belt; the upper half of the liver was cirrhotic, and the lower half was not.—Dr. CROOKE referred to the effects of specific febrile disease on the livers of young children; he had many times met with acute interstitial hepatitis after scarlet fever, and this might lead to a contraction like that which occurred in the kidney.—Mr. J. HUTCHINSON, jun., said that all domestic animals were liable to cirrhosis.—The PRESIDENT had known severe cases of cirrhosis fatal under two years of age, and many such cases had followed measles or scarlet fever.—Dr. GOODHART, in reply, did not think that bile-duct cirrhosis resembled at all the ordinary atrophic form in naked-eye appearance; the case he had described was a perfect instance of "hob-nailed" liver.

Mr. SHATTOCK showed several microscopical specimens illustrating the Histology of Eburnated Bones in Osteo-arthritis, and read a paper in which he discussed the possibility of the eburnated parts found in advanced osteo-arthritis being calcified material, and not true bone; and said that a somewhat analogous case was furnished by the calcified substance found in dentine after certain lesions. He took his material from specimens of very advanced disease, in which no original compact limiting bone could be concerned, since this would be in part normally composed of calcified cartilage; and was able to prove conclusively that the eburnated substance closing the articulating surfaces in advanced osteo-arthritis was very dense true bone. There was no arrangement analogous to the circumferential laminæ of the shafts of long bones, and the dense Haversian systems were worn away. The soft contents of exposed systems remained uncalcified, and the openings of the canaliculi could be seen on the worn surfaces.

Dr. CROOKE read a paper on Unilateral Interstitial Nephritis, caused by pressure upon the ureter and hilus. The changes, of which he showed several microscopical specimens, were produced by mechanical pressure, the results being histologically analogous, if not identical, with the changes found in that form of disease known as granular contracting kidney. In one case the pressure was limited to the excretory duct of the kidney, whilst in another it was exerted on the blood-vessels as well. But while the result in both was the same—viz., atrophy and contraction of the kidney—under the microscope histological differences were seen. The first case, a girl of sixteen, was one of cystic tumour in the right broad ligament, which pressed on the ureter; the urine was albuminous, and a few granular casts were found. Ovariotomy was done, but death occurred six weeks later of bronchitis and purulent peritonitis. The right kidney was much contracted, the capsule thickened, and the surface granular. On section it was tough, but there was no visible thickening of the arteries or signs of dilatation of the pelvis or ureter. Microscopically there was marked dilatation of the convoluted tubules in the subcapsular portion of the cortex, the majority of which were distended with a clear coagulated exudation, and showed atrophy of their epithelial lining; there was dense small-celled infiltration of the inter-tubular stroma, and a few of the Malpighian corpuscles were seen dilated and filled with exudation. In the deeper parts of the cortex were oval spindle cells, which showed organisation and contraction. The opposite kidney was large, and was the seat of cloudy swelling. There was no dilatation of the ureter, and there was absence of glomerular and arterial changes. The second case occurred in a young man aged twenty-one. It was one of chondrifying sarcoma, with several growths, one of which pressed on the left ureter and vessels. There was marked endarteritis of the smaller branches of the renal artery, general fibroid degeneration of the cortex, with thickening of the stroma, almost indistinguishable from arterio-sclerotic granular nephritis. The right kidney was natural. The non-dilatation of the ureter might be explained by the pressure on it being relieved when the tumour rose above the pelvic brim. The vascular change was probably the most important one. Dr. Carter had recently observed a case in which an aneurysm pressed on the renal vessels of one side, and produced changes practically the same as those he had recorded.—Mr. A. DORAN had made a number of observations on similar cases, and had found that the renal changes were due to pressure on the ureters.

The following card specimens were shown:—

Dr. ROBINSON: Duct Cancer of Breast.

Dr. PRIMROSE: Misplaced Kidney.

Dr. ORMEROD: (1) Hæmorrhagic Sarcoma of Abdominal Viscera; (2) Pericellular Cirrhosis of Liver in Infant.

Dr. HEBB: (1) Cord in Infantile Palsy; (2) Tumour of Skin.

Mr. TURNER: Parts after Inguinal Colotomy.

Mr. TARGETT: Myxolipoma of Cord in Scrotum.

CLINICAL SOCIETY OF LONDON.

Trephining for Cerebral Hæmorrhage and for Traumatic Epilepsy.—Unilateral Graves' Disease.—Xanthelasma.

AN ordinary meeting of this Society was held on April 12th, Mr. Willett, Vice-president, being in the chair.

Mr. HERBERT ALLINGHAM read a paper on a case of Cerebral Hæmorrhage in which Trephining was done. The patient was shown; he was a man aged forty, who was admitted into the Great Northern Hospital in the following condition:—He had fallen off a tramcar while semi-intoxicated. He was taken into the hospital, and when examined he complained of pain in the left shoulder, but there was no external signs of injury to the head. The same night, after a bromide and chloral draught, he slept well. The next morning, Dec. 8th, he was rather drowsy, and complained of headache on the right side of his head. The pupils were equal, and reacted to light, but he was in a rather drowsy and irritable condition, complaining when he was examined or disturbed. There were no signs of paralysis, and no vomiting. On the evening of Dec. 13th his breathing was noticed to be rather laboured and stertorous, and he became more drowsy and apathetic, not noticing things around him. At 6 A.M. he had a convulsion. It began in the muscle of the left side of the face, the mouth being drawn upwards, and the eyelids moved in clonic spasm; the right eyelids were only moved slightly, and towards the end of the fit. The muscles of the neck were next affected, the chin being drawn towards the right shoulder; subsequently the left arm and leg passed into a state of clonic spasm. The eyes were not noticed to deviate to either side. The urine was acid, sp. gr. 1020, no albumen, no sugar, and was passed unconsciously, but not during the fits. The pupils reacted slightly to light; the right appeared to be rather larger than the left. There was no optic neuritis. He had a recurrence of the fits at frequent intervals; if they were slight, only the muscles of the face or face and neck were affected. In the afternoon of Dec. 14th, one week after the accident, Mr. Allingham determined to operate. Accordingly, chloro-

form being given, a curved incision was made, ascending from the external angular process to the malar process, and a large semilunar flap turned down so as to expose the temporal muscle; this muscle was then divided from its origin and also turned down. A crown of bone was then removed over the right fissure of Rolando—that is to say, about two inches and a half behind and one inch and a half above the external angular process. The posterior branch of the middle meningeal artery was exposed. The artery and dura mater were found to be intact, but the dura mater bulged and did not pulsate; it was divided together with the artery, and upon its being divided a large blood-clot was exposed, and about 3 oz. of black blood-clot were removed by the finger, assisted by the irrigator. Then, on inserting the finger into the cavity, the brain was felt to be compressed, and the cavity extended forwards and backwards almost as far as the finger could reach. The pia mater was intact, except at the right frontal lobe, where the cerebral hemisphere was felt to be lacerated and soft. The cavity was well irrigated until the carbolic solution (1 in 40) came out quite clear. One catgut suture was introduced into the dura mater, and two drainage-tubes inserted in the skull, one going upwards and the other downwards to its base; the ends were brought out through a hole made in the lower part of the skin flap. The edges of the scalp wound were brought together with silkworm gut sutures, and the whole dressed with carbolic gauze. The next day the patient had a slight fit confined to the face. On Dec. 16th he was quite rational, and began to move the left leg; the wound was very healthy, and he slept well; no fits. On Dec. 17th the paralysis had gone. He moved both arm and leg well, and was quite sensible, noticing his doctor and nurse. From that date he made an almost uninterrupted recovery, with the exception of a small abscess which developed in the face on Dec. 24th; it was opened, about two ounces of pus escaping. On Feb. 18th he left the hospital, having been up about the ward for about fourteen days. There was no paralysis whatever; he felt quite well; no headache or loss of memory. The wound of the small abscess not even healed, but quite superficial. Mr. Allingham was of opinion this case was unique, as it was one of cerebral hæmorrhage, and not due to hæmorrhage between skull and dura mater.

Dr. D. B. LEES and Mr. H. PAGE contributed a paper on a case of Traumatic Epilepsy. The patient was a man aged thirty-eight, admitted into St. Mary's Hospital on account of epileptiform attacks, always commencing in the left foot. Fourteen years previously he had been thrown from a horse, falling on his forehead. He was much injured, and was in bed for a month, and unable to return to his work for two months. Almost immediately after this accident he began to have severe and prolonged headaches, which had continued ever since. About seven months after the accident he began to have "feelings," which always commenced somewhere in the left foot, generally in the big toe, and travelled a variable distance up the leg, thigh, and body. Seven years ago he began to have fits; these were always preceded by a "feeling." Feelings which did not travel up to his head were never followed by fits, but a feeling which did reach the head was invariably followed by a fit. He usually had five or six fits consecutively, with short intervals between. There was a long vertical scar on his forehead, and the remains of a cataract with a ruptured iris in the left eye; this eye was almost blind, and had been so since the accident. The right optic disc was normal. Percussion of the skull revealed one tender spot, situated in the posterior superior region of the right half of the skull, very near the median line, its diameter being about an inch and a half. Its centre was found to be about three-quarters of an inch behind the upper extremity of the fissure of Rolando. There was no paralysis or anæsthesia, and the retroflexes were normal. The "feelings" were now frequent, ten or twelve daily. They invariably commenced in some part of the left foot, usually in the instep or heel. Sometimes the "feeling" ascended only a little way up the leg and thigh, sometimes it passed up the left side of the body and then down the left arm. The more violent attacks, which he called "fits," occurred at night, and were not actually observed, but on two or three occasions he was found by the night nurse in a dazed condition on the floor of the ward, or on the bed of another patient. It seemed clear from these symptoms that there was some condition irritating the posterior part of the cortical centre for the left leg in the right hemisphere. The duration of the symptoms with the absence of paralysis and of optic neuritis made it very unlikely that the cause was a tumour. No history of syphilis could be obtained, but to eliminate this possibility large doses of iodide of potassium were given for a month, but without producing the smallest improvement. There remained as possible causes a lesion of the bone irritating the brain, or a scar of the cortex itself. The patient was trephined over the tender area, one disc of bone being removed as near to the median line as was thought safe. The skull was found to be hard and thick, but the dura mater was normal. This was opened, and the surface of the brain explored with the finger, but no morbid condition was discovered. The operation was of course done antiseptically. For a few days after the operation the "feelings" were less frequent, but they soon returned. The wound healed throughout by first intention. On the fifteenth day after the operation a violent fit occurred, followed two hours later by a second, in which he was so violent that the house-surgeon thought it necessary to administer chloroform. After only five inspirations the pulse and respiration ceased apparently simultaneously, and all efforts to restore the man failed. It should be added that during the trephining he had been kept under chloroform for a considerable time, a little ether being given when the pulse indicated failure; also that he was far from being a sober man, having been frequently intoxicated. The post-mortem showed a dilated, softened, fatty heart, somewhat emphysematous lungs, and fatty liver, kidneys congested and tough, with adherent capsules and smooth surface. The operation wound was perfectly healed. Beneath it the dura mater was adherent both to the bony margin of the opening (which was filled with blood-clot) and to the pia mater and cortex. At this point both grey and white matter were hyperæmic and somewhat softened. Over the whole convexity the pia arachnoid was to a marked degree milky in appearance, and there was a large excess of subarachnoid fluid. The inner surface of the skull cap was found to be roughened behind the vertex along the line of the longitudinal sinus. Three inches behind the coronal suture a small osteophyte was found situated in the left line of attachment of the longitudinal sinus. It was one-tenth of an inch long and one-tenth of an inch broad, ending in a rather sharp jagged edge, raised only about one-sixteen of an inch above the level of the bony surface around. The authors exhibited to the Society the skull cap from this case, and desired to obtain the judgment of the Society on the question whether an osteophyte so small and in such a position could possibly have been the cause of the symptoms. They pointed out that its position corresponded, as far could be determined, to the area of tenderness, which was so near the median line that it was impossible to trephine immediately over it; and also that if it were possible for cortical irritation to have been thus produced, the part of the brain affected would have been a portion of the cortical section of the left leg. If this condition of the bone were not the cause of the symptoms, it must be allowed that epileptiform attacks of characteristic "Jacksonian" type, invariably commencing in the same part of the body, together with the presence of cranial tenderness limited to the region covering the cortical centre for that part, afford insufficient evidence of the existence of a coarse lesion.—Mr. R. BRUDENELL CARTER said that a good many cases of this nature had come under his notice at the Hospital for Paralysis. He gave particulars of a case in which an eye had been damaged by an accident, and the cicatricial mass being removed fourteen years afterwards led to cessation of the fits.—Dr. STEPHEN MACKENZIE asked whether a distinct cortical lesion was invariably present in cases of Jacksonian epilepsy; undue excitability of the grey matter might be present unconnected with an organic lesion, and the definite course which some cases of epilepsy followed pointed to some local excitability; no structural lesion being found post mortem to account for the attacks. Some nutritive change other than traumatism might account for this excitability. In the London Hospital, a case had come under his observation of injury to the skull, the accident happening some years before admission. This was followed by epileptic fits, for which Mr. Treves trephined the skull and found a thickened bone with some scarring of the dura mater, and of the subjacent cerebral tissue. The operation was followed by a series of fits with intervening quiet periods; in this case there was possibly some subtle nutritive defect.—Dr. KINGSTON FOWLER referred to a case under Dr. Coup-

land's care in the Middlesex Hospital of Jacksonian epilepsy occurring in a lad. As he was getting rapidly worse, trephining was done over the centre for the leg, but nothing abnormal could be found. Later a carefully conducted necropsy gave also a negative result, and the cause therefore might have been some local excitability, as Dr. Mackenzie had suggested.—Mr. WILLETT related the case of a young man aged about twenty, who ten years previously was brought into Guy's Hospital in an unconscious condition with paralysis of the left side. On examination, a puffy swelling was found on the scalp at a spot where he had received a blow ten days previously. Trephining over this area revealed a cerebral abscess, which was evacuated. A hernia cerebri developed, but the patient was subsequently discharged cured. The author had an opportunity of examining him again seven years ago, when only slight paresis remained. Last autumn the patient came again, saying that he was subject to fits, which, he said, commenced in the left thumb and went up the arm. He was under careful observation in the hospital for ten weeks, but as no fit occurred he was discharged.—Mr. JONATHAN HUTCHINSON described the case of a patient who ten years ago, while hunting, sustained a fracture of the frontal bone, several portions of osseous tissue, together with brain substance, being removed. He made a good recovery, though a gap was left in the bone. Three or four years afterwards he was attacked by very violent epileptic fits, for which bromides were prescribed; and it was stated that they were taken regularly, but the fits increased in intensity. Before deciding on trephining Mr. Hutchinson determined to try again a bromide mixture, together with abstention from alcohol and tobacco, giving twenty grains of the drug three or four times daily. A regular adhesion to this treatment had been followed by complete disappearance of the fits. — Dr. LEES, in reply, was prepared to admit that attacks of Jacksonian epilepsy might arise from functional or nutritive lesions, but in his case he desired to point out that the attacks were accompanied by an area of tenderness over the cortical centre, the nutritive or other irritation of which might be supposed to give rise to the fits. The administration of bromides had had very little effect on the "feelings."—Mr. PAGE said the symptoms of the case were peculiar, and did not resemble those of a case of traumatic epilepsy in the ordinary sense of the the term.

Dr. FELIX SEMON read a communication on a case of Unilateral Incomplete Graves' Disease after removal of Nasal Polypi, and exhibited the patient. In the introductory part of this paper three cases recently observed by Dr. Hopmann of Cologne, the late Professor Hack of Freiburg, and Professor B. Fränkel of Berlin were referred to, in which intra-nasal operations undertaken for the relief of nasal obstruction had very unexpectedly led to the diminution, or even disappearance, of the symptoms of Graves' disease, from which the patients in question had concomitantly suffered. Mr. George Stoker of London, too, had recorded two cases in which intra-nasal operations had caused diminution or disappearance of goitres, though in his cases no other symptoms of Graves' disease had been present. That in these cases the changes in the domain of the sympathetic were actually due to the intra-nasal operations, and not mere coincidences, appeared from the fact that the disappearance or diminution of the exophthalmos and of the enlargement of the thyroid body in all these cases corresponded to the side operated upon. Dr. Semon now regretted having to bring forward a case illustrating the hitherto, it was believed, undescribed possibility that the changes occasionally brought about by intra-nasal operations in the domain of the sympathetic might be other than favourable ones. In his case operations undertaken by means of the galvano-caustic loop for the removal of multiple recurrent mucous polypi of the nose had suddenly caused exophthalmos of the patient's right eye, occurring within a day or two of the operations. The presence of Graefe's symptom (lagging behind of the upper eyelid when the patient looked down) and of Stellwag's symptom (retraction of the upper eyelid) plainly showed that the exophthalmos was of the nature of Graves' or Basedow's disease, which diagnosis had been corroborated by Mr. Nettleship, but there was neither enlargement of the thyroid gland nor increased frequency of the pulse-rate. Not the least remarkable fact in connexion with this case was that whilst the intra-nasal operations had produced one neurotic symptom (viz., the exophthalmos), they had cured the patient of another (namely, asthma, from which he had begun to suffer shortly after the appearance of the nasal polypi). Why the right eye alone should have become affected Dr. Semon did not profess to explain. He discussed, in conclusion, the various hypotheses by which the occurrence of the exophthalmos might be explained (reflex dilatation of the vessels of the orbit with turgescence of the retro-bulbar fatty tissue, tonic contraction of the orbital muscle, due to reflex irritation from the nose &c.), without, however, expressing himself in favour of any. In conclusion, he asked if in such a case further interference—which was in the present instance urgently demanded by the patient, whose work was seriously interfered with by the polypi, which had grown again—was justifiable or not. — Mr. BRUDENELL CARTER felt almost inclined to look upon the alleged connexion between exophthalmos and nasal disease as a mere coincidence. A case had come under his notice of a young lady aged sixteen, whose left eye suddenly appeared wide open. On careful examination it was found that there was little or no real protrusion of the globe beyond what was produced by the downward pressure of a displaced eyelid. His opinion at the time was that it might be a case of incipient Graves' disease, though no other indications of that malady could be found. The trouble was remedied by the excision of a V-shaped portion from the outer canthus. In Dr. Semon's case, also, he thought there was very little, if any, real protrusion of the eyeball, and he suggested for it an operation similar to the one he had done in his own case.—Dr. DE HAVILLAND HALL said that if there were a real connexion between the nasal trouble and the exophthalmos, removal of the polypi might produce retrogression of the eyeball.—Dr. SEMON, in reply, thought that coincidence was rendered extremely improbable by the fact that at least five cases were on record in which exophthalmos had been associated with affections of the nose. In these cases the symptoms had developed shortly after a nasal operation, and always on the same side as the latter.

Mr. JONATHAN HUTCHINSON then related a case of Xanthelasma and Gout, with fusiform enlargement of many tendons. The patient was a Hebrew aged forty-four, who had suffered from inherited gout during the last twenty years. Both his father and paternal grandmother had been the subjects of xanthelasma. On examination there were found patches of xanthelasma above and below the inner canthus of each eye, quite symmetrical, abruptly marginated and of unusual thickness and extent; they followed an attack of jaundice, eighteen years previously, produced by a severe fright. Over the right olecranon there was a round swelling as large as one-half of an egg; it was painless, but around it were a number of little streaks of xanthelasma growth. There were symmetrical tuberous enlargements in connexion with the tendo Achillis and os calcis, and many other tendinous enlargements in various parts, which were painless, ill-defined, tapering off above and below, tending to grow superficially and to become adherent to the skin, cellular tissue and sheath overlying them. Over the left elbow was a mass of fibrous thickening, with a distinct lip of bone round its edge; similar lips existed on the front of each tibia. There was no history of syphilis, but there was a history of a bad attack of typhoid fever four years ago. His chief complaints were extreme soreness of the soles of the feet and a distressing sense of heat in the top of the head. Was the tendon enlargement due to the gouty tendency or a part of the xanthelasma, or was it independent of both? The olecranon enlargement was associated with a ring of xanthelasma, which disease, when generalised, was apt to affect the olecranon region, and to be attended sometimes by bursal enlargement. He inclined, however, to the belief that the xanthelasma and the tendon enlargements had no very close connexion, but that the latter were the consequences of inherited gout.—Dr. FELIX SEMON gave details of a case he had seen in connexion with Mr. Hutchinson when on the Xanthoma Committee. A boy had xanthoma tubercles round the buttocks, and there were also fibroid thickenings of obscure nature round the finger-joints.—Mr. JAMES BLACK had seen a lady who suffered from chronic rheumatism, and who had xanthoma of one eyelid. He removed a fibrous thickening from the palmar aspect of one of her fingers.—Dr. HERZKA of Carlsbad gave the history of a patient who came to the baths suffering from chronic icterus. There was hepatic enlargement and occasional attacks of colic. At first there

was no cutaneous affection, but a year afterwards there were small nodules on the elbows, knees, buttocks, upper lips, ears, and forehead. Later still the affection had spread so as almost completely to cover the buttocks. There was some reason to believe that the disease was the result of the altered condition of the blood.

MEDICAL SOCIETY OF LONDON.

Treatment of Chronic Uræmia by Morphine.—Trephining for Spinal Injury.

AN ordinary meeting of this Society was held on April 8th, the President, Dr. Theodore Williams, being in the chair.

Dr. STEPHEN MACKENZIE read a paper on the Treatment of certain cases of Chronic Uræmia by Morphine. He prefaced it by depicting the suffering often witnessed in patients the subjects of uræmia, and was sure any suggested treatment for the relief of the distressing symptoms would receive careful consideration and discussion, even if it ran counter to current teaching. He then narrated the following cases. Case 1: A woman, aged thirty-eight, suffering from chronic diffuse nephritis of some years' standing. There were anasarca, ascites, and breathlessness; the urine contained from a half to two-thirds albumen; the heart was hypertrophied, and there was double papillo-retinitis. She was treated for the renal symptoms with great benefit, and in about six weeks was free from dropsy and breathlessness, and able to leave her bed. One evening, after unusual exertion in the afternoon, she was suddenly attacked by intense dyspnœa, with 50 respirations to the minute. The heart's action was weak, and beating at the rate of 150 to 200 per minute. She was cyanosed, and covered from head to foot with clammy sweat. She was in a condition of intense mental excitement, with great terror of dying. She was treated with nitrite of amyl, alcohol, and ammonia and ether without any relief, and then one-sixth of a grain of hydrochlorate of morphine was injected hypodermically. In a few minutes the dyspnœa became less urgent, in twenty minutes the patient was able to lie down, and on the following morning was in her usual condition. Several subsequent attacks, after intervals of complete freedom from dyspnœa, were treated in a similar manner after the failure of other remedies. Morphine, hypodermically and internally, never failed to afford relief, and at no time were toxic effects induced. The patient died three months and a half later of symptoms of chronic Bright's disease. Case 2: A woman aged twenty-eight, suffering from granular kidneys of four years' standing. There was considerable anasarca, about one-third albumen in the urine, hypertrophy of the left ventricle, with mitral incompetency, and double papillo-retinitis. She suffered much from breathlessness and headache. After decided improvement for a time, she suffered from severe headache, nausea, breathlessness, irregular action of the heart, and great sleeplessness. Chloral, bromides, nitroglycerine, and inhalations of oil of juniper were used, without effect, or with but little effect. Ten minims of solution of hydrochlorate of morphine were then administered, with rapid alleviation of all the symptoms. It was repeated on many subsequent occasions with equal benefit and with no drawbacks. The patient died of the combined effects of a carbuncle and the renal disease, about two months after the treatment was employed. Ten-minim doses of solution of morphine always promptly relieved distressing symptoms; five-minim doses were not sufficient. The author proceeded to point out the safety with which the morphine was given in these and other recorded cases. There was a deeply rooted belief, possibly well founded, in the danger of opium and its alkaloids in renal disease. It was quite clear that this subject required further investigation. Not only might morphine be given with safety in cases of uræmia, but with positive advantage, as in the cases narrated. Next followed a brief consideration of the nature of uræmia, and it was concluded that (1) uræmia is a poisoning of the nervous system—a toxæmia; (2) the poison is developed within the body of the patient—auto-intoxication. References were made to the writings of Grainger Stewart, Dickinson, and Carter, and more especially to the researches of Bouchard, who described seven toxic elements in the blood in uræmia. The principles of the treatment of uræmia were declared to be three: (1) the elimination of the poisons; (2) the counteraction of the poisons; (3) the prevention of the absorption and retention of further poisons. After discussing the first and last principles of treatment, which should always be employed, he proceeded to point out that the value of morphine was to fulfil the second indication. The author next discussed the nature of uræmia, dyspnœa, headache, and convulsions, and attributed the beneficial effects of morphine to its freeing the bloodvessels from the spasm induced by the poison in the blood. He referred to the writings of Loomis and his followers, and to cases recently recorded by Mr. Alfred Grace, where morphine had been administered in large quantities, as from one-half to a whole grain for a dose, by hypodermic injection, with the best results. He concluded by saying he thought enough evidence had been brought forward to show that morphine deserved further trial in uræmia. He did not recommend its indiscriminate use, and in the light of the asserted susceptibility of patients with disease of the kidneys to the toxic effects of opium, it would be given with eyes open to its possible danger. There could, however, be no doubt as to its immediate good in suitable cases, and it was probable more lasting good would result in those of a curable kind.—Dr. THEODORE WILLIAMS said that treatment in this direction had been kept back by a bugbear; he intended in future to prescribe morphine in those cases where he thought the condition of spasm indicated it.—Dr. STEPHEN MACKENZIE asked Fellows to relate any instances that had come under their own observation where in Bright's disease the symptoms of morphinism had, after administration, become unduly developed.—Mr. BLACK asked if, in the case in which the carbuncle developed, sugar was present in the urine. He referred to the action of opium in cases of ulceration occurring in old people where it did good directly, and not as an antidote to any poison in the system.—Dr. BEEVOR related a case in which for the treatment of hæmoptysis in a patient with chronic Bright's disease three grains of opium were administered, and the patient died comatose in twenty-four hours.—Dr. FLETCHER LITTLE asked if the exact state of the kidneys had been recorded; he had found the average depth of the cortex of the healthy organ to be four lines.—Dr. STEPHEN MACKENZIE, in reply, said there was no sugar in the urine in his second case. He had not denied that morphine could relieve spasm apart from uræmia. He related a case in which a chemist had prescribed for a patient, who, after taking one dose, died of coma; an analysis of the medicine and a careful necropsy revealed nothing poisonous. He had himself met with two cases in which bad symptoms had followed opium administration, but he was under the impression that they were not at all common. He thought that the most accurate conclusion as to the amount of disease in a granular kidney was to be gained by weighing it, and not by measuring its cortex; and even then it must be remembered that the disease need not be advanced in order that uræmia should develop.

Mr. HERBERT ALLINGHAM read a paper on two cases of Fracture of the Spine treated by Trephining, which had come under his observation at the Great Northern Hospital during the past year. J. A——, aged thirty-one, was admitted in July, 1888, having fractured his spine by a fall of forty feet, being completely paralysed, and having lost all sensation from a point on a level with the ensiform cartilage. As he did not improve—in fact, as ascending changes were coming on,—a month after the accident Mr. Allingham trephined the spine, making an incision about ten inches in length over the fifth, sixth, and seventh dorsal vertebræ. The muscles were then turned aside, and it was seen that the lamina of the sixth vertebra was very badly fractured and depressed, being pushed under the laminæ of the vertebra above. He therefore removed with cutting bone forceps the spinous processes and laminæ of the fifth, sixth, and seventh vertebræ, exposing the cord for about four inches; it was rather bruised. The theca was not opened, and the operation took one hour and a half. Sutures were put in the skin only, no deep ones being used; a large drainage-tube was inserted, and antiseptic dressings applied. The wound entirely healed in ten days, and the ascending changes stopped. For a time the man improved, the line of sensation recovering to within an inch of the umbilicus, but since then it had remained stationary. Case 2 was brought to the hospital in August, 1888, having fallen from a house, and being paralysed from a line seven inches above the umbilicus six days after the accident. As there was no improvement, Mr. Allingham trephined the spine as he did in the former case, removing the spinous processes and laminæ of the third, fourth, fifth, and sixth vertebræ; he found the cord crushed, and opened the dura mater. The wounds healed, except where the tube had been in, in about fourteen days.

The patient died seven months after the accident from bedsores, cystitis, &c. The cord was then found to be almost divided into two parts, both ends tapering down to a fine point. The author thought the following facts useful in considering the question of treatment of these cases of spinal injury. 1. That by trephining it was evident from these cases that inflammatory ascending changes were prevented. 2. That no bad symptoms followed from opening of the spinal dura mater and allowing the cerebro-spinal fluid to flow out. 3. The operation, although tedious, was not a difficult one to perform, and did not in any way diminish the chance of recovery. Hæmorrhage was easily controlled, and the wound healed quickly. From the above-mentioned facts, he suggested that in all cases of spinal injury followed by paralysis and loss of sensation trephining should be done, so that if the symptoms were caused by the pressure of blood or displaced bone they might be removed before ascending and descending changes came on, and thus give the patient a chance of complete recovery.—Dr. STEPHEN MACKENZIE hoped that these cases would encourage surgeons to operate oftener than they had hitherto done; the spinal canal could be opened up without danger, and any displacement rectified, and in the first case the operation seemed to have arrested the progressive change going on in the cord.—Dr. ROUTH said that these cases showed that the spinal canal could be opened up in such cases as inflammation of the theca, and he related two instances of this lesion where the symptoms were attacks of erotic excitement and paraplegia of the lower limbs, which disappeared on lying down. Both these cases, he considered, would have been relieved if they could have been tapped in the lower part of the spine.—Dr. BEEVOR said that in one of these cases the anæsthesia extended from the sixth dorsal vertebra, whereas the fracture occurred at the fourth. The distribution of the anæsthesia appeared to be "physiological," for its limit was a horizontal line, and it did not follow the course of the intercostal nerves.—Mr. BALLANCE said that till recently it was difficult to know from the distribution of the anæsthesia which vertebra to remove. He thought that injuries to the spine should be treated like similar injuries to the skull, and he had usually seen them placed in a plaster-of-Paris sheath from the shoulders to the knees, which secured rest to the injured part, the patient being kept on a water-bed. He asked if immediate operation were advocated; he thought certainly that in cases of fracture of the cervical spine, such as were seen from bathing, immediate trephining should be done, as otherwise they usually proved fatal in thirty-six hours.—Mr. ALLINGHAM, in reply, advocated operation if at the end of a week the patient showed no sign of improvement, the reason being that degenerative nerve changes set in soon after the seventh day.

HUNTERIAN SOCIETY.

THE meeting on March 28th was a pathological evening, Mr. G. Borlase Hicks, Vice-President, in the chair. The following specimens were shown:—

Dr. WALTER FOWLER showed four specimens of Laryngeal Phthisis exhibiting well-marked and characteristic tuberculous infiltration and ulceration. The chief interest in the specimens consisted in the remarkable distortions the epiglottis may undergo during the tuberculous process. In the first, half of the epiglottis had ulcerated away, and the remainder was irregularly contracted by tuberculous nodules. In the second, the remains of the epiglottis were represented by a small central tuberculous nodule springing from the base of the tongue. In the third, there was not much thickening visible; the ulceration had attacked the soft parts of the free border of the epiglottis, and necrosed portions of the fibro-cartilage projected palisade-like from the margin. In the fourth, the ulceration was more superficial, attacking the laryngeal surface of the epiglottis, the free border of which presented a crenated appearance. In this specimen necrosis of the left arytenoid cartilage, with destruction of the crico-arytenoid articulation, were also demonstrated. It was pointed out that the distressing symptom of dysphagia, especially for liquids, in such cases varied in intensity, according to the lesion of the epiglottis.

Dr. FOWLER also exhibited a specimen of the Cervix Uteri amputated from an old lady of seventy-eight, who had suffered from prolapse of the uterus for twenty years. The os uteri was surrounded by several club-shaped processes of hypertrophied cervical tissue. Microscopical structure presented hyperplasia of the tissues, with cystic formation from the Nabothian follicles.

Dr. G. A. CARPENTER showed a specimen of Hydronephrosis, with congenital stricture of the ureter close to the bladder, taken from an infant fourteen months old, who had died of phthisis.

Dr. HINGSTON FOX showed specimens from three cases of Tubercular Ulceration of Ileum. The first was of long-standing phthisis, with bowel symptoms for six months before death at the age of forty-one. Tubercular deposit was scattered profusely throughout the solitary and Peyer's glands, causing many small and a few larger ulcers, with thickened scolloped edges and floor. In the second case, after early lung weakness, diarrhœa with bleeding existed on and off for many years. She died, aged fifty-nine, on the thirteenth day of an acute illness simulating enteric fever. The colon was found much contracted and thickened, and there were about eight ulcers, mostly above the ileo-cæcal valve, but two below, having very thick sinuous edges and a coating of greyish slough. Here an acute inflammatory fever was engrafted on the chronic lesions. A third specimen, of non-tubercular nature, but without history, was shown by way of contrast—viz., a series of smooth ulcers, with undermined edges, seated in Peyer's glands, and these and the solitary bodies were all enlarged. A fourth case was adduced to show the difficulty of prognosis; severe symptoms of tubercular ulceration admitted, contrary to all expectation, of a partial recovery.

Dr. PORT showed an Aneurysm of the Ventricular Septum of the Heart, taken from a man aged twenty-five. It was the size of a pigeon's egg, and opened into the sinus behind the right aortic valve, and also communicated with the left ventricle, which was slightly hypertrophied. There was no mitral disease. Three weeks before death the patient complained of pain at the chest, palpitation, and cough. He gave a history of rheumatic fever two years ago, but had not had syphilis. There was a loud systolic murmur over the whole area of the heart, most pronounced to the right of the sternum. He died of cardiac failure.

Dr. PITT showed a specimen of Stricture of Colon secondary to Carcinoma of the Stomach. The serous and subserous tissues of the colon were infiltrated with growths, and the ileo-cæcal valve was so compressed by growth that but a very small aperture was left. A similar stricture was caused in the transverse colon by growth along the mesocolon and round the bowel. The primary growth was a diffuse carcinoma involving the greater part of the walls of the stomach. The pleura and peritoneum were extensively infiltrated by the growth. It was unusual to find secondary strictures in the bowel set up by carcinomatous growths. The opposite condition of dilatation, it should be noted, occurs when the secondary growth is a lymphoma.

Dr. PITT also exhibited a specimen of Gangrene of Omentum, due to a small tear in it, which cut off the blood-supply. There was extensive sloughing of the omentum, which had set up a fatal suppurative peritonitis. The sloughing was due to a small tear in the lower third of the omentum, which probably had divided some vessel, but from which no hæmorrhage had taken place. Beneath the affected omentum was a collection of fetid, non-fæcal pus; while the adjacent coils of intestine were matted together at the brim of the pelvis, and on separating them a perforation was found in the ileum six feet above the cæcum, probably due to bruising of the intestine, and possibly secondary to the abscess eroding and opening into the bowel. The specimen was taken from a drunken man who fell in the road, and it is uncertain whether he was trodden on by a horse; at any rate, he fell under one. He fractured his clavicle, and had abdominal pain; after three days vomiting ensued, and on the tenth day, while at stool, he became collapsed, and died in three hours. There was no pyrexia. The case is of interest, and shows the great risk of dividing the mesentery in operations for resection of the bowel, and also in dividing adhesions in abdominal operations.

Dr. PITT also showed a specimen of Extensive Hæmorrhage in the Pelvis associated with Cirrhosis of the Liver. This specimen was an example of what is rarely found with cirrhosis of the liver—viz., an extensive hæmorrhage,—although small hæmorrhages are common enough. The blood was effused freely into the left broad ligament, slightly into the right, and formed a large tumour over four pounds in weight, surrounding the bladder by a blood clot one inch and a half thick, compressing it and causing retention of

urine, probably from pressure on the ureters for the last twenty-four hours of life. The blood extended into the submucous tissue of the bladder, it also spread through the inguinal canal up on to the abdomen, chiefly on the left side, as far as the ribs and nipple, forming a layer one inch thick and three inches wide. The liver was a typical hobnail cirrhosis. The kidneys were healthy, except for some scarring. The specimen was taken from a woman aged thirty-eight, admitted with œdema, pyrexia, and cough, who became increasingly drowsy and died.

MEDICAL SUPERINTENDENTS' SOCIETY.

AN interesting meeting of this Society was held at the Paddington Infirmary on April 13th.

In the wards the following cases were discussed: Two cases of Neurotic Symptoms closely simulating Spinal Caries; two cases of Chronic Cardiac Disease attended with Nocturnal Delirium; Pyo-salpinx removed by Abdominal Section; two cases of Myxœdema in the male; a case of Choroiditis Disseminata, which had undergone marked improvement under prolonged treatment by mercury, with remarks by Mr. J. B. Lawford; cases of Facial Paralysis, Arthritic Amyotrophy, and Blenorrhagic Arthritis, and the resulting deformities; and two cases of Hysteria in the male.

Afterwards Mr. VICTOR HORSLEY made some remarks on the operation in cases of Traumatic Hemi-epilepsy, the advisability of liberally removing all cicatricial matter in such cases, and the most favourable position for trephining.

Dr. T. E. HILLIER read a paper on five cases of Chronic Cardiac Disease attended with Delirium.

Finally, Dr. SAVILL read a paper on two cases of Hysterical Spinal Disease, which illustrated how closely neurotic symptoms will sometimes resemble organic disease of the vertebral column, and the great difficulty and importance of making a correct diagnosis, seeing that the lines of treatment for the two diseases are so essentially diverse.

The meeting was well attended by members and their friends, who took much interest in the proceedings.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

The Treatment of Tubercular Peritonitis by Abdominal Section and Flushing out, without Drainage.—Suture of Patella.

AT a meeting of the Surgical Section held on Friday, Feb. 22nd,

Mr. O'CALLAGHAN gave three cases in his practice, and the statistics of this treatment up to the present. The case in which he previously recognised the disease was that of a boy, aged fifteen, presenting the following appearance: general emaciation; pale face; bright malar flush; hurried respiration; large distended abdomen, tumid yet symmetrical. He complained of dull colicky pain, never severe, but continuing day and night. Appetite gone; what little fluid he could take frequently vomited. Temperature 100°; pulse 98, and thready. On opening the abdomen, which was full of a sero-purulent milky fluid, the peritoneum and intestines were found to be covered with little nodules like millet seeds, and the mesentery was like the "roe" of a fish. The abdominal cavity was flushed out with blood-warm water from the tap, "meanwhile massaging the abdomen" until the water flowed out quite clear. The boy made a perfect recovery, and is now, ten months after operation, free from disease and doing his daily work. As to the pathology of the disease we are more or less ignorant. Mr. O'Callaghan looks upon it as a distinctly local form of degeneration as met with in joints and other serous cavities, and, if dealt with early in this manner, will be perfectly cured. As to the physiology of this method of cure we are entirely in the dark, and can only accept it as a fact. Diagnosis is not always easy, but we should, when meeting with a doubtful case, without hesitation make an exploratory incision, as even in simple ascites or malignant disease the result is often marvellous, and the operation, with ordinary precaution, has little, if any, risk. These are the first cases reported in Ireland, and may be the means of stimulating the profession here to give up the expectant and practically impotent medicinal treatment, and to recognise that those hitherto hopeless cases, if recognised early, are now curable by abdominal section, neglect of which must be looked upon in the future as a surgical crime.—Mr. THOMSON congratulated Mr. O'Callaghan not only upon the result of his cases, but upon his courage in carrying out the operation in rather an isolated position. The difficulty which suggested itself, looking at the satisfactory results following incision of the abdomen and the washing out of the peritoneal cavity, was that similar results did not follow the like process in respect of other cavities.—Mr. KENDAL FRANKS said the subject of tubercular peritonitis and its treatment presented great difficulty. In his view, on seeing the tubercles on the peritoneal aspect so like the ordinary miliary tubercles, the disease was tuberculous, and microscopical examination had established that they contained the bacilli of tuberculosis. He regarded opening the abdominal cavity as a comparatively harmless operation.—Mr. W. THORNLEY STOKER, while advocating as strongly as anyone that the operation of opening the peritoneum for exploratory and therapeutic purposes should be undertaken more frequently than at present, objected to applying the term "tubercular" to disease of the peritoneum, unless authenticated by the discovery of the bacillus.—Dr. FRAZER observed that even the discovery of a bacillus under the microscope was not conclusive, as not being satisfactory evidence that it was a tubercular bacillus; for instance, there was a bacillus connected with leprosy, and there might be many other forms of that strange organism.—Dr. FITZGIBBON (the President) thought the arrest of the disease was due to the removal of the ascitic fluid, as being not only one of the products of tubercular peritonitis, but as favouring the development of the disease. Even in cases of undoubted tuberculosis, the practice adopted by Mr. O'Callaghan was sound. As to the identification of the organism, in his experience, where competent microscopists identified tuberculous bacillus the ultimate result had proved that they were right.—Mr. O'CALLAGHAN replied, mentioning two instances of the bacillus tuberculosis being found in the peritoneum.

Mr. MYLES described a new method which he had devised, of extra-articular suture of the patella, to bring about bony union in transverse fractures. The method consisted in passing a strong pin transversely through each fragment of the patella and then bringing these together by a figure-of-8 suture.—Mr. MELDON, having seen Mr. Myles' device tried, said the treatment afforded a fair prospect of bony union in the cases for which it was designed, a remarkable feature which struck him being the small force required to bring the parts together.—Mr. ORMSBY said he had taken such a fancy to Mr. Myles' device that he would adopt it in his next suitable case of fracture of the patella. The treatment had one great advantage—that the pins did not pass into the joint. It seemed as if the skin was likely to be frayed by the figure-of-8 suture.—Mr. W. THORNLEY STOKER did not agree in some of Mr. Myles' propositions; for example, that fracture of the patella meant generally permanent disablement. The result of the treatment by posture and coaptation produced by sticking plaster, adopted usually by himself and his colleagues in the Richmond Hospital, was generally the production of a perfectly useful limb. Mr. Myles' plan seemed a good one, and he would be inclined to adopt it as having certain advantages over Malgaigne's, particularly as the purchase applied to the two fragments was close to the seat of fracture. The real question was as to the method to be adopted in dealing primarily with fracture of the patella, and that question could only be answered when Mr. Myles' plan received a trial; from the mechanical advantages it seemed to possess, he was himself disposed to try it.—Dr. BALL concurred with Mr. Stoker as to the proportion of cases of fracture of the patella, in which a fairly good result ensued from the treatment. An important factor as regards bony union was the anatomical position of the patella. Callus, which united fractured bones, did not sprout out from periosteum or bone muscle at all, but from connective tissue in muscle of the immediate neighbourhood of fracture. There was a very large amount of callus surrounding the bones on the aspects covered by muscle, and very little of that was subcuteneous. A synovial cavity of a joint limited the formation of callus much more sharply, as in the neck of the femur. No bone was formed which could sprout into the joint; so that the only way in which union by bone of fractured patella could be got was by approximation of the surfaces in the way Mr. Myles had pointed out.—Dr. CORLEY did not think there was any great difference between Mr. Myles' plan and Malgaigne's hooks.—Mr. THOMSON pointed to the illustrative case of fracture given

by Mr. Myles as that of a patella in which the fracture was exactly in the middle, whereas it sometimes occurred that nearly the whole body of the patella was torn off, leaving only a small shell of bone attached to the ligament, or the upper fragment so small as made it scarcely possible to catch hold of it. Another point was that, supposing the surfaces of the fractured fragments brought together, care should be taken that they were in absolute apposition so far as the anterior and posterior surfaces were concerned; for if there were the least projection anteriorly or posteriorly, there must, with union in that position, be a damaged joint, owing to a rough projecting margin behind. He entirely agreed with Mr. Myles in discountenancing opening of the knee-joint as not justifiable except for absolute inutility of the limb.—The PRESIDENT also took exception to Mr. Myles' statement that so many cases of fractured patellæ resulted in useless limbs under the old treatment. In no single instance in his experience where the case was treated by a skilful surgeon had the limb been so useless as represented, and he knew of several cases in which the limbs were as good as if they had never been injured. Mr. Myles' ingenious method of treatment commended itself for its mechanical principle, so that when he thought it necessary he would himself adopt it in cases of simple transverse fracture of the patella.—Mr. MYLES replied. He never intended to suggest that his method should be used in other than transverse fractures. No doubt a man might walk fairly well without standing the three tests which he had proposed. In every case of fractured patella the thigh muscles were invariably wasted, due to the diminished range of the quadriceps by contraction, proving his proposition. With respect to the comparing of his plan with Malgaigne's hooks, Agnew had spoken of these as an infernal machine responsible again and again for permanent disablement of the limb.

Teneriffe as a Health Resort.—Myxœdema.—Senile Chorea.—Paraplegia in a Diver.

A meeting of the Medical Section was held on March 1st.

Dr. J. K. BARTON read a paper on Teneriffe as a Health Resort. Santa Cruz is the port where the steamers cast anchor. Oratava, at the other side of the island, twenty miles away, is the chief place where invalids congregate, and here there is very good accommodation at moderate cost. The time for Oratava is from December to May. From May to December Oratava is much too hot and relaxing, and all invalids should leave Oratava before this, and if they remain in the island, take up their abode at Lapena, which stands on the central ridge, five miles from Santa Cruz, and fifteen from Oratava. The climate of Teneriffe is most delightful. It is hot in summer, even at Lapena; but the heat there is never more than 85°F., and this only very occasionally. The rainfall is very slight, and the air is undoubtedly much drier than that of Madeira. The special features of the climate are equability, dryness, and warmth, with still a most refreshing breeze. The cases that seem most suited to the climate of Teneriffe are those of bronchitis and all inflammatory diseases of the lungs, for which a mild winter is demanded; all such do remarkably well.—Dr. JAMES LITTLE, while attaching importance to Dr. Barton's personal experience of Teneriffe, held that an opinion ought not to be formed too precipitately with regard to the position of the island as a health resort, since health resorts recommended on theoretical grounds had very often proved illusory. An atmosphere of dry air, however cold, was the one that opposed the greatest obstacle to the progress of pulmonary consumption. Thus patients suffering from that disease got on remarkably well in the depth of winter in Canada, because of the purity and dryness of the air. Of all the climates, that of Colorado was the one which seemed to him to be the best for purity of air and dryness—the two great factors in combating the disease.—Dr. MURPHY said that a patient of his suffering from chronic bronchitis, with premonitory symptoms of phthisis, was six weeks in Teneriffe, and he came home perfectly cured.—Dr. BARTON replied. Those who spoke from experience attested that the climate of Teneriffe was much drier than that of Madeira. The water-supply from springs was abundant and pure, and was drunk freely by all the visitors with apparently perfect safety. The drainage, however, was primitive. At the hotels the familiar earth closet was used, and, being well supplied with antiseptic earth, it seemed to answer the purpose.

Dr. C. J. NIXON read the notes of a case of Myxœdema, and exhibited the patient. All the prominent symptoms of the disease were present: œdematous infiltration of cellular tissue, with fluid rich in mucin, alteration in features, harsh dry skin, the usual nervous symptoms, atrophy of thyroid gland, and large baggy swellings in supra-clavicular regions. The disease was regarded by Dr. Nixon as a trophoneurosis, presenting features of resemblance to the disturbances produced by disease of the supra-renal capsules. A patient aged fifty was exhibited, suffering from chorea, typical in its nature. The patient was extremely emaciated and presented a cachectic appearance. The point specially discussed was the pathological physiology of chorea, and reasons were given why the theory assigning it to disturbances in the action of the motor cells of the cortex was probably correct. Dr. Nixon next read the notes of a case of paraplegia occurring in a diver. The patient had been working at a depth of 143 feet, and a quarter of an hour after he had reached the surface his legs became completely paralysed. The paralysis did not pass away, and the signs of paraplegia, depending upon a dorsal myelitis, were present. The case was an illustration of what is known as the Caisson disease, and the point of special interest in connexion with it was the explanation of the way in which paraplegia was developed. Dr. Nixon was disposed to regard it as due to the effects of a sudden diminution of pressure on the surface of the body, leading to such an arrest of circulation in the lower portion of the spinal cord as to cause a suspension of its functions. He referred at length to the peculiarities of the circulation through the spinal arteries and their reinforcing branches, which he thought satisfactorily accounted for the paraplegia produced in Caisson disease.—Dr. A. W. FOOT said he was glad that Dr. Nixon agreed with Gowers that it was a disseminated myelitis in the dorsal section of the cord. Chorea in the majority of cases was a functional disease, as it acknowledged a variety of causes which a structural disease would not. Thus, fright had pre-eminence; but there were many cases which had nothing to do with fright. Again, the disease had no constant pathological lesion. No doubt some pathologists had from time to time announced a special lesion for chorea, but it only remained the fashion for a while, and had to be discarded. Thirdly, the chorea was curable by any and by no medicine. Dr. Wilks's opinion was that the best medicine of all for young persons was six weeks in bed in hospital, and leaving the disease alone. Fourthly, the disease attacked the nervous system when most obnoxious to impressions. If there was any constant pathological lesion connected with the disease, it was debility. The persons who suffered were of a weak, mobile, nervous system, and therefore tonics and everything opposed to debility would help them to get better.—Mr. BIRMINGHAM said he had examined the spinal cord of three subjects by means of a medium injection, and in two out of the three he found the anterior spinal artery injected the whole way down, not only to the end of the cord, but a considerable distance beyond. When he went to the lower part of the cord, from the origin to the end, not a single reinforcing artery in any of the injections was completely filled. The fact that he was unable to inject them with a pretty fine injection suggested the inference that certain conditions might arise during life which would prevent or retard the flow of blood from those arteries in the same way as the injection was retarded.—Mr. COX, observing the connexion of myxœdema with enlargement of the thyroid, was rather startled with the present prevalence of enlarged thyroid, in whole or in part, in the majority of anæmic young girls, and yet without any ocular or cardiac disturbance, and he accounted for it by the connexion of the thyroid gland with menstruation. He had recently seen a curious case of chorea in a boy, who, when the chorea subsided under the influence of rest, had a transition from what he might call muscular insanity to mental insanity: the boy was now quite an imbecile.—Dr. GRAVES, referring to the influence of pressure in producing paralysis, mentioned that during a winter's work, putting an iron bridge across the river at New Ross, three or four powerful, athletic men who were working under water became paralysed. In pushing an iron cylinder through fifty feet of mud, they came upon a rapid river below, and to get rid of the water a cap was put on the cylinder with a pressure of 60 lb. to the square inch, and the men who went down to test the works came up with blackened nostrils.—Mr. C. J. NIXON replied. Mr. Cox's observations as to the frequency of enlargement of the

thyroid in anæmia corresponded with Mr. Laycock's, who pointed out the close relation of the conditions of the thyroid gland to menstruation, either in excess or defect; and he presumed, therefore, that in Mr. Cox's cases there was some defect in the menstrual process. The case presented, typically, all the appearances found in fully-developed chorea. It was certain, apart from the man's miserable condition in hospital and the sleepless nights he got, that he could not feign the cachectic appearance which he presented or the harsh, dry skin which existed. There was nothing in the case to warrant the opinion that the disease was feigned. Dr. Foot's observations accorded fully with what he had stated as to chorea being eminently a functional disease, yet it was not specially so, because it had a variety of causes. Organic affections had a variety of causes too. He concurred with Dr. Foot's remark as to the influence of medicine on chorea. Notwithstanding all that had been said of bromides, zinc salts, &c., no medicine seemed to have any influence on the course of the disease. Give the patient sufficient time, and if the case was of a certain character it would get well in spite of the physician. As regards diver's paralysis, the result of observation seemed to indicate that paralysis was not met with except when the diver passed to a depth below the surface of at least ninety feet.

Notices of Books.

The Operations of Surgery: intended especially for the use of those recently appointed on a Hospital Staff, and for those preparing for the Higher Examinations. By W. H. A. JACOBSON, M.A., M.B., M.Ch. Oxon., F.R.C.S., Assistant Surgeon to Guy's Hospital; Teacher of Operative Surgery and Joint Teacher of Practical Surgery in the Medical School, &c. With 199 Illustrations. London: J. & A. Churchill. 1889.—The volume before us is a bold attempt to treat the subject of operative surgery in a much more complete and detailed manner than is done by any of the modern English or American authors. To write a really complete work on operative surgery would be impracticable and useless, for the varieties of operations are almost infinite, and only a few of them are so valuable as to permanently engraft themselves on surgical practice. An author's first difficulty, if he wishes to do more than to describe his own, or, in his opinion, the most approved, methods of operating is how far to limit himself in the selection of various operations. While individual readers will perhaps wonder why this or that operation has been omitted, we yet believe that the general opinion will be that Mr. Jacobson has been very judicious and successful. He has not overburdened his pages with descriptions of obsolete operations, but he has included several forms of the same operation whenever they appear to possess any advantages. The descriptions of operations are clear, accurate, and detailed. In addition, the anatomical factors are plainly set forth, and the relative merits or demerits of various operations are fully and judiciously discussed. The conditions necessitating or warranting the various operations are well stated, and in many cases excellent advice is given on the after-treatment. The work is therefore far more than a mere guide to operating on the cadaver; it is essentially a clinical work, and in that lies one of its conspicuous merits. As our readers know, Mr. Jacobson is an elegant writer as well as an accomplished surgeon, and he has produced a book that will take and must long hold a very high position. The text is illustrated by numerous good engravings, and a well-arranged index completes the volume.

Diseases of the Skin: a Manual for Students and Practitioners. By W. ALLAN JAMIESON, M.D., F.R.C.P.Ed., Extra Physician for Diseases of the Skin, Edinburgh Royal Infirmary, &c. Second Edition, pp. xvi., 546, with Woodcut and Eight Double-page Coloured Illustrations. "Pentland's Medical Series," vol. i.—Such a short time has elapsed since we reviewed Dr. Jamieson's book that we need say little on the present occasion except to congratulate the author on the exhaustion of a large edition in less than nine months. The second edition is increased in size by thirty pages, notwithstanding the curtailment of some of the illustrative cases and the omission of others. This increase is mainly due to the addition of two new chapters, one on the hygiene of the skin and the other on epithelioma, written, like the rest of the work, in a very agreeable style. There are some minor additions and emendations, and the practical character of the work is maintained by the incorporation of notices of some new methods of treatment—e.g., of psoriasis by anthrarobin, of lupus by lactic acid, and of epithelioma by chromic acid.

Brain: a Journal of Neurology. Part XLIV. London: Macmillan and Co.—Although somewhat late in its appearance, this number of the leading neurological journal contains, as usual, many interesting subjects. The first article is by Dr. Isaac Ott, of Easton, Pennsylvania, and deals with the Heat Centres of Man—which, however, does not go beyond the point of proving that such centres must exist, their locality being left undetermined. Dr. Hack Tuke writes lucidly and instructively upon Hallucinations and the Subjective Sensations of the Sane, in which he differentiates between visual hallucinations due to retinal conditions and those presumably of cortical origin. Dr. Wiglesworth and Mr. Bickerton contribute an article upon a Connexion between Epilepsy and Errors of Ocular Refraction; Dr. Hadden briefly discusses the curious condition of Dry Mouth (Xerostomia). Several clinical cases of interest are recorded by Dr. Dana (New York), Dr. Savage, Dr. Handford, Dr. Dudley, Mr. St. John Bullen, Mr. W. L. Buxton, and Dr. Hadden. Dr. James Anderson gives a Critical Digest of Recent Investigations upon the Pupil, and the number closes with reviews and abstracts.

A Directory for the Dissection of the Human Body. By JOHN CLELAND, M.D., LL.D., F.R.S. Third Edition. London: Smith, Elder, and Co., 1888.—This edition of Dr. Cleland's well-known manual has been revised by Dr. J. Y. Mackay, the senior Demonstrator of Anatomy in the University of Glasgow, and we must again recommend it as a thoroughly reliable dissecting-room guide. It differs from other works on dissection by the omission of all description, and is an admirable practical directory for the student to follow with scalpel in hand. The descriptions can then be best read in the systematic text-books, and, although this plan of learning anatomy is not usually followed by the student, we are sure that he would both gain in knowledge and save in time if he were to adopt it.

Elementary Bandaging and Surgical Dressing, with Directions concerning the immediate Treatment of Cases of Emergency. For the use of Dressers and Nurses. By WALTER PYE, F.R.C.S., Surgeon to St. Mary's Hospital. Revised and enlarged. Third Edition. Bristol: John Wright and Co. 1889.—This little book is made up of extracts from Mr. Pye's larger work, "Surgical Handicraft," appropriately connected. The directions are clear and the illustrations are good. There is no attempt at novelty or originality, but only at condensing in a very small compass the details of every-day surgical dressing, and in this Mr. Pye has succeeded.

The Therapeutics of Kronenquelle Water. By PROSSER JAMES, M.D. Pp. 32. London: Trübner and Co. 1887.—This is an attempt to fix the place of Kronenquelle among the numerous mineral waters. The author considers it should be employed for the uric-acid diathesis. The physical

and chemical properties of the water are described, and its physiological action is lightly touched upon. The therapeutical uses are next enumerated, but they seem, as here detailed, not to differ largely from those of other weak alkaline waters. In a contribution to "Medical Hydrology" it is surely unnecessary to print a table showing the enormous increase of the sale of the water during the last ten years.

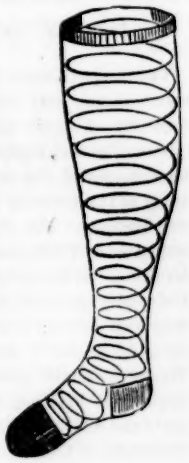
Queen Anne's Hospital, its Senators and Sufferers. By A. T. SCHOFIELD, M.D. London: Swan Sonnenschein and Co.—The chief object of this book is to show that, whilst brewers and distillers are large and munificent supporters of hospitals, the public-houses and gin palaces, which they to a large extent own, and the multiplication of which it is to their direct pecuniary interest to encourage, are the source of some nine-tenths of the casualties and sickness which it is the function of hospitals to receive and to treat. This grave indictment is illustrated and enforced by the narration of graphic and pathetic incidents. Though some of these are perhaps a little overdrawn, it would be difficult to gainsay the essential justice of the charge, which, indeed, common observation would, we think, go far to confirm. The argument runs, in effect, as follows: Lessen the temptations to, and the facilities for, intemperance offered by the inordinate number of existing public-houses, and the money now raised for the maintenance of hospitals, now languishing for want of funds, would be amply sufficient to meet the wants of those charities by reason of the decrease in the demands which would then be made upon them by sickness and accidents.

Blackie's Modern Cyclopædia.—We have received from Messrs. Blackie and Son the first volume of their Modern Cyclopædia, consisting of 512 pages, to be completed in eight quarterly compact volumes. This presentable work, which is edited by Charles Annandale, M.A., LL.D., is designed as a handy book of reference for all readers, presenting its information in concise and tersely written articles, accompanied by numerous instructive and well-executed pictorial illustrations. It promises to furnish a complete library in itself, giving information brought down to the latest dates on all classes of subjects—literary, historical, biographical, mercantile, political, geographical, technical, and scientific. If, as will doubtless be the case, the succeeding volumes bear out the promise of the one before us, we can recommend it to those wishing to form a self-contained and inexpensive library.

Orient Line Guide. Chapters for Travellers by Sea and by Land. Illustrated. Third Edition, Rewritten, with Maps and Plans. Edited by W. J. LOFTIE, B.A. Pp. 360. London: Sampson Low and Co. 1888.—Since the second edition of the "Guide" was published in 1885, the Cape route has been given up by the company. This has rendered necessary considerable alterations in the book, and has enabled the editor to expand the descriptions of places within easy reach of the various ports visited by the steamers which are considered deserving of a visit. In addition to much interesting and carefully compiled information of this nature, a chapter on "Health at Sea" has been prepared by Mr. Struthers, one of the medical officers of the Orient Line, under the title of "Medical Aspects of the Voyage." He gives some sensible advice on food and clothing and on the ailments specially influenced by the voyage. He has no faith in the numerous nostrums that have been recommended for sea-sickness. The book contains a great amount of information respecting the countries comprehended within the circuit of the Orient steamers, and cannot fail to be useful to persons desirous of making a voyage either for health or pleasure. It has a copious index, and numerous maps, charts, and illustrations.

New Inventions.

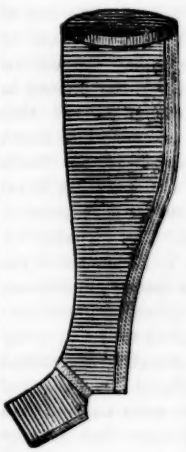
HAYWARD'S SPIRAL ELASTIC APPLIANCES.

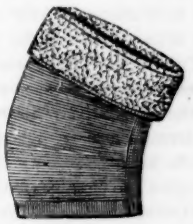


THESE appliances — stockings, socks, leggings, &c. — are made by patent machinery, and vary in several ways from those commonly in use. The indiarubber thread is run into the fabric in one continuous piece; no binding is used. There are no seams to irritate the skin in any part, the thread being embedded in the fabric, and the surface perfectly smooth on both sides. The stockings are made in the usual sizes, are porous, and have heels and toes, so that the appliance is kept in position, and can be worn instead of the ordinary stocking. They can be washed, if the water be not too hot; and the material used is thread, cashmere wool, and silk. They will be found very comfortable.

HAYWARD'S PATENT PILE SURGICAL STOCKINGS.

THIS invention consists in raising a pile or fleece of a velvety character upon the inside of surgical appliances, such as stockings, knee-caps, belts, elbow and shoulder





pieces, &c., which, lying over the cords of indiarubber, effectually prevents them indenting the limb, and produces an equable and comfortable pressure upon the swollen veins, without affecting the elasticity of the appliance. In knee-caps and other appliances, such as belts, warmth as well as support is afforded, and the soft surface clings to the harder, and does not become rucked up and out of place. It is said to do away with the necessity for under-straps in the case of abdominal belts.

HAYWARD'S VENTILATING UNDER-CLOTHING.

THE same firm makes a new material for winter wear, which is called ventilating under-clothing. This consists of natural wools and pine wool, not woven, but enclosed in a reticulated covering or bag. With this material are made vests, bodices, chest protectors, knee-caps, sleeping socks, blankets, respirators, &c., which certainly present many important claims to consideration, being warm, light, clean, and porous.

THE LANCET.

LONDON: SATURDAY, APRIL 20, 1889.

THE large increase in the number of candidates at the matriculation and intermediate examinations, and the necessity of more accommodation and better adapted laboratories and equipment for the practical examinations, have compelled the Senate of the University of London to apply to the Treasury for funds for extending the University building. The amount necessary for this purpose is estimated at £9000, exclusive of the cost of the fittings and furniture. When we consider that the requirements of the University and the demands on its space have quite outgrown the accommodation provided by the State in 1870, it seems a not unreasonable proposal that the Treasury should provide the additional funds for enlarging the building, in order that the University may be fairly and adequately appointed to carry on its work. The University of London is practically a State-examining body for the empire, and has done its work most admirably, and with conspicuous benefit to general, medical, and scientific education, and its claims upon the Treasury are consequently much greater than if it were merely a local or provincial institution. The Government, however, whilst giving grants in aid to Scotch, Irish, and provincial educational institutions, is very anxious that the interests of public economy should be preserved at the expense of this University. The Senate is told that the written examinations might be partly held for the present in the western galleries at South Kensington, and that some arrangement for the practical examinations might be made with University or King's College, the South Kensington Museum, the City Guilds College, or the Royal Naval College at Greenwich. Such suggestions, however, do not in any way meet the case. The necessity for a proper skilled supervision, which is impossible if the candidates are to be broken up into sections at different places, does not appear to have been taken into consideration; nor does it seem to have occurred to the Lords of the Treasury that the various laboratories above mentioned may be required for the use and teaching of the students of the institutions referred to at the very dates on which the examinations are held. At the present time all the practical examinations in anatomy and surgery are held at the Examination Hall on the Embankment, by the courtesy of the authorities of the Colleges of Physicians and Surgeons, and it is only during the past two or three years that such accommodation has been available. The present demand on the Exchequer—namely, the difference between the State grant to the University and the fees paid by the candidates—is diminishing at a very rapid rate, and amounts now to only £1500, whilst £2000 per annum has been recently voted for examinational purposes to a local body like the Victoria University. Convocation will be asked at the meeting next month to pass a resolution urging the Senate to memorialise the Government for a fixed annual grant and the free control of its own income, so that it may manage its own internal affairs without being any longer subject to Government control. Such an arrangement would be much more desirable than the existing one, and would place the University in a proper and honourable position. The alternative proposition to a grant, mentioned in the letter from the Treasury—viz., of adding 10 per cent. to the fees charged to every candidate, cannot be seriously meant. However strongly we may feel the necessity of a Teaching University in London for London students, it is most undesirable that the present University should be hampered in its proper work, and hindered in its development and in the due discharge of its duties, by a want of suitable accommodation in its examination-rooms and laboratories. We hope that the deputation appointed by the Senate to wait on the Chancellor of the Exchequer may be able to convince him of the justice of their claim on the public purse.

IN the current number of the *Nineteenth Century* there is a contribution by Dr. BATTY TUKE on "Lunatics as Patients, not Prisoners." We commend this article to the attention of our readers as an expression of opinion on the part of one of the most experienced and trustworthy observers and workers of our day in the domain of mental science. If we have taken the liberty of criticising his remarks, it is not that we differ from him in much that he says, but rather that we think he has taken a somewhat pessimistic view of the situation. He begins by saying that the general feeling of satisfaction regarding lunacy administration in its various relations as it existed in England some twenty years ago is distinctly on the wane; and that while everyone knows that the efforts of the medical profession in other departments of its science have had manifestly beneficent results, the public seeks in vain for any manifest indication that the specialty which professes the treatment of insanity has kept abreast in the onward march of medical science. The public "argues that it has performed its share of the duty in carrying out the great philanthropic work of improving the condition of the insane at a vast expenditure of treasure; but that, although they have had proper machinery placed at their command, asylum physicians have failed to stay the progress of the disease by the exercise of their art, and have but partially succeeded in bringing their specialty within the pale of medical science." Dr. TUKE alleges that the precise nature of the object of this great philanthropic movement had not presented itself in concrete form to the originators. "Their ultimate object was to procure the greatest good for the insane: the greatest good for the insane is cure; the best methods of obtaining cure have not been adopted; therefore the highest ultimate object has not been obtained." We venture to think that in submitting the proposition in this crude form Dr. TUKE has altogether dwarfed the proportions of his subject, and handicapped discussion on the broad issue of "lunacy administration in its various relations." It may well be, and we are quite prepared to admit, that medical science has not done all that could have been hoped in the way of obtaining *cure* for the insane. We, however, challenge Dr. TUKE to say that *curability* is a term which can justly be applied as a universal attribute of insanity; and we hold that to apply it as the test of the *summum*

bonum for the insane, a large proportion of whom are incurable, is not only inaccurate and misleading in itself, but also insufficient as the basis of a general proposition.

Dr. TUKE goes on to show that the primary and most potent motive of the philanthropists was the protection of the insane, and that out of this the havens for their reception came to be regarded as asylums, and not as hospitals. In this way "the work of asylum organisation was begun on the motive of protection and under the psychological theory of the nature of insanity. To the former the curative function has been subordinated; by the latter the influence of the science of medicine in asylums has been cramped." As bearing out the truth of this statement, he appeals to the structure and arrangement of any one of our pauper asylums, and to the constitution and duties of the medical staff. As the outcome of an examination into the details of the system, Dr. TUKE declares (and the truth of the general allegation we are not prepared to deny) that "there is something in the multifarious and incongruous duties of an asylum superintendent which is altogether inimical to scientific medicine, something in asylum life which paralyses scientific energy."

After giving it as the opinion of many authorities that the proportion of recoveries has not increased within the last fifty years, he goes on to state that the great fault of our lunacy system is that our asylums are not hospitals, and that their physicians are not allowed to fulfil the proper duties of their office. "What every asylum requires in order to become a truly curative institution is a hospital for the treatment of recent and acute cases, separate and distinct from the main establishment, to which each patient should be consigned on admission." Even if it were not possible to treat every new and acute case on admission as a hospital case, that is no reason why the "hospital" idea so strongly urged by Dr. TUKE should not be carried out wherever it was found to be advisable and practicable. The asylum superintendent may not unnaturally reply that in too many cases the patient is not sent to him until the earlier and more curable stage of the disease has been passed through, or until after a variety of treatment has been tried upon him at home; he might also urge that to introduce a new patient into a hospital ward occupied by others in the acutest and most distressful stage of their insanity would be apt to prejudice rather than to further his recovery. The hospital system in this latter sense would certainly not tend to allay misgivings on the part of anxious relatives Whatever may be the practical merits of the question, we have from time to time urged that full consideration ought to be given to any scheme which has for its object the early and efficient treatment of the insane. The London County Council, we are glad to see, has lost no time in bringing forward the very issue raised by Dr. TUKE in his paper. The *City Press* of the 13th inst. reports that, at a meeting held on the 11th, Mr. CARTER moved "that a committee be appointed to inquire into and report to the Council upon the advantages which might be expected from the establishment, as a complement to the existing asylum system, of a hospital with a visiting medical staff for the study and curative treatment of insanity." The motion was seconded by Mr. BURNS, who said he thought the subject was without doubt, one of the most important things that the County Council could have before it. The question was ultimately referred to the Asylums Committee for consideration and report.

The cure of the curable insane is one thing; the care and treatment of the insane generally is another. The former is purely a *medical* question, and the latter is a *social* question, of which the medical aspect represents only one angle. Insanity is largely a hereditary misfortune and disease, having relation in our community to civilisation and legislation as well as to domestic and pecuniary considerations. Even if we grant, with Dr. TUKE, that the asylum system has failed in its function and object of curing the curable insane, that system may at all events be taken as having secured the greatest good of the greatest number (taking the whole community, sane and insane). Has it not so far supplied an answer to the great social question which philanthropists and legislators had to settle as to whether it is cheaper and better all round to treat the insane upon a comfortable footing in asylums supported by rates levied on imperial or local funds, or to deal with them more or less roughly and unkindly at home, where they are an anxiety and incumbrance as well as a source of danger and expense, with which their relatives can ill afford to battle?

No affection is more frequently met with in practice or more embarrassing to the young practitioner than dyspepsia. It is of daily occurrence, and so protean are its forms that the rules for treatment offered by our text-books often necessarily fail from want of directness and particularity. No doubt, much may and must be done by the proper regulation of diet. Disorders of digestion are almost invariably due to some error either in the choice, preparation, quantity, or mastication of food. When the practitioner has laid down rules for a diet that shall be plain and assimilable, yet sufficiently varied and nutritious; when he has cut off all injurious articles and regulated the times of eating and the quantity of food,—when these ends have been accomplished (his patient having proved amenable to authority in matters where obedience is specially difficult), the required object is not far from being attained. It remains to consider what medicinal measures are indicated, and in spite of the host of new remedies for digestion our main reliance must often be still placed in acids and alkalies. Few questions are more commonly put by the medical student, or more guardedly answered by the man of wide experience, than the following: When should we use acids and when alkalies? Many of our text-books solve the difficulty in an aphorism thus: "Acids increase alkaline secretions; alkalies increase acid secretions." Hence, if we wish to increase the flow of gastric juice (or acid secretion), we should give alkalies; if we wish to diminish it, acids; and so on for the other secretions that take part in the processes of digestion. There is an engaging simplicity about this rule; but, while we do not deny that it may be occasionally serviceable, we doubt whether the most experienced practitioners would venture to apply it universally or with confidence. Its weakness seems to rest in this—that we can only exceptionally say that dyspepsia is wholly due to defect or excess of any *one* secretion. In its passage along the alimentary canal, the food comes in

contact successively with the saliva, the gastric juice, the bile, the pancreatic juice, and the succus entericus. Of these, all except the gastric juice are alkaline secretions. As in many cases of defective digestion, several of these secretions are in all probability simultaneously affected, it is evident we are on slippery ground if we reason from the chemical action of our remedies upon one secretion only. A remedy that promotes the flow of gastric juice may diminish the flow of pancreatic juice, and so on.

Perhaps, a sounder initial principle may be found in the state of the gastric mucous membrane, rather than in the condition of any one of the digestive fluids. Where we have reason to believe that this membrane is relaxed and atonic, acids are indicated; where it is irritable and inflamed, we should prescribe alkalies, often with the addition of bismuth. Some help may be obtained from the state of the tongue, bowels, and urine. If the tongue be red and raw-looking, or covered with a thick creamy fur, acids will usually do harm, while alkalies will often prove beneficial. If, on the other hand, the tongue be soft and flabby, indented by the teeth, fairly clean in front, and with a thinnish fur behind, then acids (with or without nux vomica) will usually be found most applicable. The state of the bowels may be of some help, although no general rule is possible. With atonic dyspepsia, constipation is the rule; with irritative dyspepsia, diarrhœa. In children, diarrhœa is in a large proportion of cases due to acidity, and must be combated by alkalies. The state of the urine must be noted, but we must avoid drawing too positive conclusions from it. Thus, if we find the urine loaded with lithates, and discover that these disappear on the administration of a few doses of an alkali, we are apt to think that the indication for alkalies is evident. But this deduction is by no means warrantable, inasmuch as lithates occur in undue proportion in the urine in a great variety of conditions, and may be due simply to the febrile state, or to disorder of other than the digestive organs—the heart, for example. On the other hand, oxaluria is not a definite indication for either acids or alkalies, being best treated sometimes by one, sometimes by the other. When sour eructations take place one or two hours after food, alkalies are always found palliative, and are in universal use. They are but seldom curative, however, in this condition, for the permanent relief of which we must look rather to dietetics or to the removal of some gouty or other taint.

When we have determined whether to use acids or alkalies, a further important question remains regarding the time of their administration. On this subject a wide diversity of practice exists. Acids are given either before, with, or after food, and many practitioners are much puzzled to decide which course should be preferred. If we aim definitely at improving the tonicity of the gastric mucous membrane, there seems valid *a priori* ground for giving acids when the stomach is empty; but experience shows that in many cases acids are better borne and more useful when given either with or immediately after meals. We believe the latter was the usual practice of two such eminent therapeutists as TROUSSEAU and Sir ROBERT CHRISTISON. The very wide prevalence of the practice of partaking of acid wines with food may be accepted as an indication that acids are often helpful at this time.

We do not propose the above suggestions as in any way an exhaustive analysis of a difficult therapeutic problem; but, as the question of the use of acids and alkalies is constantly cropping up in practice and in clinical teaching, any suggestions on the subject may be of some help to our readers.

IN his recent address as retiring President of the Chemical Society, Mr. CROOKES gave a most interesting account of the present state of the spectroscopic and chemical investigations by which a devoted band of men, some of whom have already earned scientific immortality, are seeking to solve the greatest of chemical questions—the nature and number of the elements. The labour of the inquiry is enormous, and it is not wonderful that the workers are few. Mr. CROOKES himself is in the front rank, and the names of CLÈVE, DE BOISBAUDRAN, KRÜSS, NILSON, AUER, VON WELSBACH, and some others will never be forgotten. At present no final conclusions are reached, but as the exploration continues light breaks in on all sides, and from time to time some definite station of achievement varies the monotony of the journey. It is perfectly impossible in our brief limits to give any adequate idea of the work or even of its objects; but a slight sketch will not be useless if it induces any reader to study the address when it appears in print.

Broadly, it may be said that the reason why scarce metals rather than well-known ones have been selected as the objects of attack is that several of them—notably didymium, yttrium, and erbium—have for some years been known to be of somewhat doubtful individuality. Each has been split, as it were, into two or more constituents, and in different hands has seemed to yield different constituents. But the derived constituents resemble what may be called the parent so closely, particularly in atomic weight, that the question arises, Are they really different elements, or, so to speak, different species of the same element? Didymium, for example, has certainly been split into two bodies, one of which gives green and the other pink salts. This was accomplished in 1885 by Dr. AUER. But Mr. CROOKES, working by different methods, split didymium into quite other bodies, and the question, therefore, is whether didymium is a simple substance or a mixture, or a compound. It may be, as Mr. CROOKES seems to think, that the metal is an element, but that its molecules split into various atomic groupings under different methods of treatment; or, of course, it may be that it is a mixture of very similar elements, hard to separate on account of their similarity. The variations might be due to the juxtaposition of very similar but not identical molecules, or to the presence in each molecule of similar but not identical atoms, or to molecular combinations. But in any case it would be rash to assume that all these species, occupying approximately the same position in the periodic system, can properly be described as distinct elements. The name "meta-elements," proposed for them by Mr. CROOKES (who, however, evidently keeps an open mind on the subject), is for the present the most convenient.

All that Mr. CROOKES now contends for is that some kinds of matter, which would be roughly described as elementary, can by different methods be split up differently, as though in different planes of cleavage. It

may be that the possible number of elements proper—that is, the number of elements required to complete the periodic grouping—will ere long be fixed. We are told that Dr. WUNDT, in a paper as yet unpublished, fixes this number at seventy-nine. But even then it may prove that each element is itself a group of meta-elements, and that, as Mr. CROOKES has elsewhere suggested, the variations may be due to differences in the weights, and therefore presumably in the properties of individual molecules or atoms.

Annotations.

"Ne quid nimis."

THE ROYAL COLLEGE OF PHYSICIANS.

ON Monday last the Fellows of the Royal College of Physicians re-elected Sir Andrew Clark, Bart., President, by a vote which was practically unanimous; for out of about 120 present, only four votes were cast for other names—viz., for Dr. Wilks two, Sir Henry Pitman one, and Dr. Quain one. In congratulating Sir Andrew Clark upon his accession to his second year of office, we may point to this vote as a mark of the confidence which the Fellows have in his administration of the affairs of the College. One incident of the meeting may be recorded in this regard. At the opening of business Sir Andrew Clark stated that he had been requested to sign his name in his capacity as President to a document which was also signed by the President of the Royal College of Surgeons and the President of the General Medical Council. He maintained that the College of Physicians should take precedence of those two bodies, and on the matter being referred to the Heralds' College he gained his point. It was doubtless to this that Sir E. Sieveking alluded when, in proposing a vote of thanks to Sir Andrew Clark for his presidential address, he remarked upon his action in vindicating the dignity of the College as the leading medical body in the kingdom. The letter from the Garter King at Arms giving the above opinion was ordered to be entered upon the minutes. The President's address was, as might have been expected, couched in graceful language, and worthy of the occasion. After some introductory remarks, he said that the College during the past year had lost eight Fellows and six Members, and had added to its Roll nine Fellows, twenty-nine Members, and 364 Licentiates; the total at the beginning of this year being 298 Fellows, 480 Members, and 3183 Licentiates. So long, he said, as the Fellowship was to be preserved as a mark of distinction, there could scarcely be any better method for the election of Fellows than that at present existing, and it was the intention of the Council to inform the College of the methods employed to enable it to arrive at a just decision in each case. Sir Andrew Clark hinted that it might be worth considering whether the representative character of the Council could not be increased by including in it one of the junior Fellows. He then proceeded to sketch in appropriate terms, and with much discrimination, the life work of the following deceased Fellows: Dr. W. Alexander, Dr. George Lunn, Dr. Harrington Tuke, Dr. Thompson Gream, Dr. Headlam Greenhow, and Dr. C. J. B. Williams. He next adverted to the work of the Censors' Board, especially dwelling on the fact that hitherto the Board had never acted on its own motion, and pointing to the inconveniences of such a course in a body that had judicial powers. In speaking of the addition to the College of the portraits of Sir George Burrows and Sir W. Jenner, he dwelt upon the example and character of these distinguished past Presidents, and the influence for good they had exercised in the profession. He also referred to the Embankment Buildings extension, and the proposal to open the Fever Asylums to students. Speaking of the increasing difficulties in the path of research from the operation of the Cruelty to Animals Act, 1876, Sir Andrew Clark contrasted the suffering entailed by animals for the sake of humanity with the enormous human suffering produced by political experimenters in maintaining the "balance of power," and he eloquently demanded that the right and the freedom of inquiry should be upheld. At the close of his address he announced the great loss the College was about to sustain by the resignation of Sir Henry Pitman, after more than thirty years of devoted service as their registrar. He dwelt in warm and appreciative terms, which moved the whole College, on Sir Henry Pitman's high character and moral worth, and on the singular ability, wisdom, and success with which he had guided the affairs of the College through that long period. A vote of thanks was, on the motion of Sir E. Sieveking, seconded by Dr. Wilks, unanimously carried to the President for his address, coupled with the request that he would allow it to be printed. Sir Andrew Clark having vacated the chair, the ballot for the election of President then took place, with the result above stated; and he was formally inducted into the office by the Senior Censor, Dr. Wilks.

AMMONIACAL FERMENTATION OF URINE.

THE subject of ammoniacal fermentation of urine has recently been studied by Drs. A. Russo-Giliberti and G. Dotto in the Pathological Institute of Palermo, and they have published a note in the new monthly journal, *La Sicilia Medica*, concerning it. The discovery of Pasteur and Van Tiegheim, that in the alkaline fermentation of urine the transformation of urea into ammonia carbonate is correlative with the development of an organised vegetable ferment—the micrococcus ureæ,—has now lost its original importance owing to the researches of Miquel and others, which have proved that this transformation is also brought about by the action of other micro-organisms. Miquel describes as a factor in ammoniacal fermentation of urine a bacillus ureæ, very slender and mobile, occurring either alone or in groups of from two to four, which can transform urea into carbonate of ammonia almost as efficiently as the micrococcus ureæ; also an aspergillus, the action of which is less prompt. Leube's researches show other bacteria with the same capacity. He describes a sarcina and three species of bacilli, very different to the bacillus ureæ of Miquel, possessing the power of hydrating urea. In Flügge's Institute a micrococcus was obtained from fermented urine which also produces energetic fermentation of urea. It is distinct from Pasteur's, and as it liquefies gelatine it has received the name of micrococcus ureæ liquefaciens. Heraeus obtained four bacilli capable of producing hydration of urea; three liquefied gelatine, and were quite distinct from those described by Leube. It is thus seen that the micrococcus ureæ is not the only micro-organism possessing this property. Warrington also, making further researches, found that the bacillus fluorescens had the power of transforming ureæ into ammonia carbonate, and that certain species of bacteria do not possess that property. More recently, Drs. Russo-Giliberti and Dotto have made experiments with the penicillium glaucum, &c. They made a 2 per cent. solution of pure urea and poured 100 cubic centimetres of it into sterilised tubes; they then sterilised the solution according to Tyndall's method, keeping the tubes one hour a day, for seven days, at a temperature of 65° to 70°C.; one of the tubes was tested by the contents being added to water, which was then distilled and sterilised, no ammonia, nitric acid, nitrous acid, or carbonic acid being found. In order to prove the absence of germs, the tubes were kept for ten days in the hot chamber at a temperature varying from 25° to 30°C. In one

contact successively with the saliva, the gastric juice, the bile, the pancreatic juice, and the succus entericus. Of these, all except the gastric juice are alkaline secretions. As in many cases of defective digestion, several of these secretions are in all probability simultaneously affected, it is evident we are on slippery ground if we reason from the chemical action of our remedies upon one secretion only. A remedy that promotes the flow of gastric juice may diminish the flow of pancreatic juice, and so on.

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"Ne quid nimis."

THE ROYAL COLLEGE OF PHYSICIANS.

ON Monday last the Fellows of the Royal College of Physicians re-elected Sir Andrew Clark, Bart., President, by a vote which was practically unanimous; for out of about 120 present, only four votes were cast for other names—viz., for Dr. Wilks two, Sir Henry Pitman one, and Dr. Quain one. In congratulating Sir Andrew Clark upon his accession to his second year of office, we may point to this vote as a mark of the confidence which the Fellows have in his administration of the affairs of the College. One incident of the meeting may be recorded in this regard. At the opening of business Sir Andrew Clark stated that he had been requested to sign his name in his capacity as President to a document which was also signed by the President of the Royal College of Surgeons and the President of the General Medical Council. He maintained that the College of Physicians should take precedence of those two bodies, and on the matter being referred to the Heralds' College he gained his point. It was doubtless to this that Sir E. Sieveking alluded when, in proposing a vote of thanks to Sir Andrew Clark for his presidential address, he remarked upon his action in vindicating the dignity of the College as the leading medical body in the kingdom. The letter from the Garter King at Arms giving the above opinion was ordered to be entered upon the minutes. The President's address was, as might have been expected, couched in graceful language, and worthy of the occasion. After some introductory remarks, he said that the College during the past year had lost eight Fellows and six Members, and had added to its Roll nine Fellows, twenty-nine Members, and 364 Licentiates; the total at the beginning of this year being 298 Fellows, 480 Members, and 3183 Licentiates. So long, he said, as the Fellowship was to be preserved as a mark of distinction, there could scarcely be any better method for the election of Fellows than that at present existing, and it was the intention of the Council to inform the College of the methods employed to enable it to arrive at a just decision in each case. Sir Andrew Clark hinted that it might be worth considering whether the representative character of the Council could not be increased by including in it one of the junior Fellows. He then proceeded to sketch in appropriate terms, and with much discrimination, the life work of the following deceased Fellows: Dr. W. Alexander, Dr. George Lunn, Dr. Harrington Tuke, Dr. Thompson Gream, Dr. Headlam Greenhow, and Dr. C. J. B. Williams. He next adverted to the work of the Censors' Board, especially dwelling on the fact that hitherto the Board had never acted on its own motion, and pointing to the inconveniences of such a course in a body that had judicial powers. In speaking of the addition to the College of the portraits of Sir George Burrows and Sir W. Jenner, he dwelt upon the example and character of these distinguished past Presidents, and the influence for good they had exercised in the profession. He also referred to the Embankment Buildings extension, and the proposal to open the Fever Asylums to students. Speaking of the increasing difficulties in the path of research from the operation of the Cruelty to Animals Act, 1876, Sir Andrew Clark contrasted the suffering entailed by animals for the sake of humanity with the enormous human suffering produced by political experimenters in maintaining the "balance of power," and he eloquently demanded that the right and the freedom of inquiry should be upheld. At the close of his address he announced the great loss the College was about to sustain by the resignation of Sir Henry Pitman, after more than thirty years of devoted service as their registrar. He dwelt in warm and appreciative terms, which moved the whole College, on Sir Henry Pitman's high character and moral worth, and on the singular ability, wisdom, and success with which he had guided the affairs of the College through that long period. A vote of thanks was, on the motion of Sir E. Sieveking, seconded by Dr. Wilks, unanimously carried to the President for his address, coupled with the request that he would allow it to be printed. Sir Andrew Clark having vacated the chair, the ballot for the election of President then took place, with the result above stated; and he was formally inducted into the office by the Senior Censor, Dr. Wilks.

AMMONIACAL FERMENTATION OF URINE.

THE subject of ammoniacal fermentation of urine has recently been studied by Drs. A. Russo-Giliberti and G. Dotto in the Pathological Institute of Palermo, and they have published a note in the new monthly journal, *La Sicilia Medica*, concerning it. The discovery of Pasteur and Van Tiegheim, that in the alkaline fermentation of urine the transformation of urea into ammonia carbonate is correlative with the development of an organised vegetable ferment—the micrococcus ureæ,—has now lost its original importance owing to the researches of Miquel and others, which have proved that this transformation is also brought about by the action of other micro-organisms. Miquel describes as a factor in ammoniacal fermentation of urine a bacillus ureæ, very slender and mobile, occurring either alone or in groups of from two to four, which can transform urea into carbonate of ammonia almost as efficiently as the micrococcus ureæ; also an aspergillus, the action of which is less prompt. Leube's researches show other bacteria with the same capacity. He describes a sarcina and three species of bacilli, very different to the bacillus ureæ of Miquel, possessing the power of hydrating urea. In Flügge's Institute a micrococcus was obtained from fermented urine which also produces energetic fermentation of urea. It is distinct from Pasteur's, and as it liquefies gelatine it has received the name of micrococcus ureæ liquefaciens. Heraeus obtained four bacilli capable of producing hydration of urea; three liquefied gelatine, and were quite distinct from those described by Leube. It is thus seen that the micrococcus ureæ is not the only micro-organism possessing this property. Warrington also, making further researches, found that the bacillus fluorescens had the power of transforming ureæ into ammonia carbonate, and that certain species of bacteria do not possess that property. More recently, Drs. Russo-Giliberti and Dotto have made experiments with the penicillium glaucum, &c. They made a 2 per cent. solution of pure urea and poured 100 cubic centimetres of it into sterilised tubes; they then sterilised the solution according to Tyndall's method, keeping the tubes one hour a day, for seven days, at a temperature of 65° to 70°C.; one of the tubes was tested by the contents being added to water, which was then distilled and sterilised, no ammonia, nitric acid, nitrous acid, or carbonic acid being found. In order to prove the absence of germs, the tubes were kept for ten days in the hot chamber at a temperature varying from 25° to 30°C. In one

tube in which penicillium glaucum had been sown there was found an abundance of ammonia carbonate from the transformation of the urea. Consequently, this microbe must be added to the number of those which are capable of causing ammoniacal fermentation of urea.

THE HEARING OF SEAMEN.

IN a former issue we dealt at considerable length with the necessity of exacting some guarantee that seamen employed in signalling should be free from any serious defect of sight. A paper by Mr. Francis Cane in THE LANCET of April 13th comes in time to remind our readers that the state of another sense—that of hearing—stands in almost equal need of regulation. It is doubtless true, as he tells us, that the method of signalling by means of the steam-whistle during foggy weather is in a most primitive condition. At present the note emitted, apart from its apparent direction—a matter most difficult to determine in a changing atmosphere—affords no definite clue to the position or course of a given vessel. This fact, however, only strengthens the argument in favour of insisting on acuteness of hearing as an essential to promotion among men engaged in actual navigation. It also reveals an obvious deficiency in the methods of steam-signalling at present in use, and suggests the existence of an even greater degree of helplessness in the case of sailing craft. The activity of the possible causes of aural disease, as pointed out in Mr. Cane's paper, is probably at all events not less for the sailor than the landsman. Exposure to frequent variations of weather and temperature must often, in spite of habit, work injury to Eustachian tubes and tympana. Syphilis, again, is very common among sailors. Other constitutional or hereditary defects help to swell the mischievous total. There can be little doubt therefore that the prevalence of its causes indicates a corresponding prevalence of deafness among seafaring men. At present there may be rough-and-ready means of allotting duty on board ship in recognition of this fact, but a matter so important should no longer be left entirely within the control of personal discretion. It is clearly necessary that a responsible seaman should be taught a regular code of fog-signals, and equally needful that he should be certified as possessing the power of hearing and acting on them.

DEATH UNDER ETHER.

ON Monday morning, the 15th inst., a coloured woman, aged about thirty, died at St. Thomas's Hospital whilst under the influence of ether. She suffered from vesico-vaginal fistula, the result of sloughing after a difficult and neglected confinement nine years before. This was in Fernando Po, where no medical aid was obtainable. When admitted to the hospital there was a very large fistula, and Mr. Mackellar had partly closed this at a previous operation, which had lasted for a longer time than that on the 15th, in which the genu-pectoral position had also been been adopted. Before operating, at her own request, a little chloroform was first given, and the anæsthesia continued with ether, administered by the house surgeon from a Clover's inhaler. This had been kept up for more than half an hour, when it was noticed that the pulse was failing and that the mucous membrane of her lips appeared blanched. During the administration of the anæsthetic about two ounces of ether had been employed, but for some time only a fourth of the respired air had been allowed to pass through the ether chamber. The respirations were shallow and infrequent, the pulse stopped, and, although artificial respiration was carried on for some time and means taken to stimulate the heart, the patient did not rally. At the necropsy, held on the 16th, all the valves of the heart excepting the pulmonary were diseased, and the kidneys were in the contracted granular condition. There was no congestion of the lungs. Mr. Mackellar is inclined to regard the unfortunate event in this case as due to the embarrassment of a weak and diseased heart, by reason of the position of the patient during a prolonged operation, combined with the effect of the ether vapour on the lungs. The renal disease had not given evidence of existence before death. In one case of death from ether inhalation recorded by Wyllie of New York, at the necropsy this form of renal disease was also found.

THE RUSH AFTER NEW REMEDIES.

THE roseate hues which commonly tint accounts of the marvellous actions of new remedies in the early dawn of their discovery are not unfrequently disappointing when more closely criticised. They have too often an unpleasant fashion of fading away when robbed of the glamour of novelty and dragged into the prosaic daylight of routine. The natural tendency of those who have been tempted with delusive hopes is to keep a discreet silence over their failures, or to attribute their lack of success to an imperfect selection of appropriate test cases, or to some mysterious difference in the composition of the remedy employed when the original statements were made. It is so hopeless, as a rule, to attempt to prove a negative, that the failures of new remedies are to be gauged by silence rather than by direct statements. It is very rarely that comparative results of treatment are steadily accumulated and published to show the inefficacy of some much-vaunted system. Hence it is extremely difficult to arrive at satisfactory conclusions about many new drugs, of which the most that can be said is that they have been lauded, as was remarked in an article upon "Phenol in Enteric Fever" in our last issue, as "the greatest discovery of modern therapeutics." It is much to be desired that those who on good grounds have arrived at definite negative conclusions should collect and publish their observations to remove false impressions, and to save others from going through the same tedious and disappointing process. An old story represents a professor advising his pupils to be eager in their use of new remedies "while they still possess curative powers," and it is to be feared that there is but too much truth in the sarcasm. The tendency of modern therapeutics is to seek restlessly and continuously for some new thing, discarding as useless much that has stood the test of time. And for this the medical profession is not solely to blame. The craze for domestic medicine has been such that people who read their prescriptions frequently express lack of confidence in the skill of their adviser on finding that simple well-known remedies have been ordered. The science of therapeutics necessarily knows no bounds, but as a science it certainly suffers from an accumulation of hasty observations and imperfectly digested facts.

THE BACTERIOLOGY OF TETANUS.

PROFESSOR BIZZOZERO has just submitted to the Royal Medical Academy of Turin the results obtained by Professor Tizzoni of Bologna and Signora Giuseppina Cattani on the bacillus tetani. These investigators took their material from a patient in the surgical wards, the victim of a fracture the seat of which had been contaminated by soil from the ground on which he had fallen. Traumatic tetanus of the most characteristic kind had ensued. Experiments made with the living blood in great quantity, with the median nerve and medulla of the bone taken a little above the point of fracture immediately after amputation of the limb, and also with the brain and spleen after death, yielded negative results, both with the cultures and the experiments themselves. From the material taken from the osseous surfaces of the fracture and from the soft parts

immediately contiguous, there were obtained other micro-organisms and the "bacillus spilliformis" of Nicolaier. These latter, inoculated in animals, produced tetanus, followed by death after twenty-four or forty hours. Left to themselves for three months in blood serum slightly solidified at a low temperature, there was again obtained from their inoculation distinct tetanus. Cultures of this liquid yielded a coccus, a short bacillus, and the bacillus of Nicolaier. Such colonies become so intimately fused with others that not seldom the transplantings from them turn out impure. This result probably accounts for the findings of Drs. Belfanti and Pescarolo. In any case Drs. Tizzoni and Cattani are the first, according to Professor Bizzozero, who have obtained a pure culture of the bacillus tetani, and who have kept it such throughout successive transplantings. The sequel of their researches will be awaited with special interest.

PLUMSTEAD SCHOOLS AND THE MEASLES.

THE epidemic of measles at Plumstead is subsiding, but there have been several more fatal cases. Altogether there have been about thirty deaths from this cause during the past four weeks, and all parts of the parish have shared the loss. The sufferers have been mostly young children, and scarcely any death has been registered of a child over two years of age. The London School Board has declined to close the Board schools, as suggested by the District Board of Works, but the suggestion has been adopted by most of the Sunday schools. "It is," very properly remarks the *Kentish Independent*, "palpably useless, however, to close the Sunday schools while the day schools remain open, and it would have been better if the District Board had exercised its powers and ordered the day schools to be closed. Strange to say, the reason why they abstained from doing so was their inability to close the Sunday schools, which have now been the first to shut their doors. It should be explained, on the part of the Board schools, that they break up for a ten days' holiday on Thursday next, and it is probable that both they and the Sunday schools may remain closed for three weeks, by which time we hope the visitation will have ceased to trouble us."

REFLEX NEUROSES DUE TO EYE STRAIN.

WRITING in the *Medical and Surgical Reporter*, Dr. Gould of Philadelphia makes the following remarks: (1) In headache always suspect eye strain, and especially in women between the age of puberty and middle age; (2) in functional gastric derangements, not readily explained otherwise, suspect eye strain, especially if headache coexist; (3) in other functional derangements, such as chorea, nervous heart, extreme irritability of temper, hysteria, not yielding readily to treatment, suspect the possibility of ocular or other peripheral irritation; (4) the refraction of the eye should be tested after mydriasis, and the coördination of the external ocular muscles should be tested by a scientific authority in the case of every child before or at the age of puberty. Dr. Gould has seen a case in which a monocular rhythmical ptosis lasting for ten days alternated with ten-day periods of persistent emesis. The whole group of symptoms he removed by attention to the state of the eyes. There can be no question of the necessity of examining every periphery in all cases of nerve disease. Probably in every headache a zone exists at the periphery of the nervous system, irritation of which is one of the several causes of the headache. Therein lies the whole matter. Any symptom is always dependent on the concurrence of several causes. Remove one of the causes, and the symptom may collapse as suddenly as if all its causes had been taken away.

THE ROYAL FREE HOSPITAL.

IT is proposed by the General Committee of this hospital to make some important changes in the present building in addition to those which have been recently made. As most of our readers are aware, the Royal Free Hospital is a quadrilateral building. On the north side is the Sussex wing, built in 1856. On the south side the building was raised in 1877-8 to the height of the north side. Each of these contain three wards. The out-patient department and waiting-rooms are situated under the south wing, whilst under the north are the kitchens and various domestic offices. Not many years ago the east side was also raised to the same height, and the present operating theatre built. A large part of it not used for patients has been assigned to the nursing staff, the accommodation for which was only completed a few months since by the building of a special series of rooms. This was rendered necessary by the formation of a Nursing Institution for the benefit of those wishing to employ nurses from the hospital in private work. The present intention of the board is to effect a very desirable alteration in the west wing. The outside façade has no windows, and this side has only one storey, whereas the others are three storeys high. In it are the rooms for the resident medical officers, placed immediately above the casualty department, the dispensary, laboratory, and board-room. Extensive repairs are required to this part of the hospital; whilst the situation and small size of the medical officers' rooms make them undesirable as a residence for those who are constantly engaged amongst large numbers of sick, who are frequently overworked, and unable to obtain a proper amount of open-air exercise. It is proposed to pull down this west wing with the gateway and provide a more suitable casualty-room for accidents, better accommodation for the resident medical officers and domestic servants, a more commodious dispensing department, additional accommodation for students, and the establishment of a children's ward. We do not, however, think that this last-named object would add to the efficiency of the hospital, the experience of other hospitals being against it. That there are advantages attending the separation of children from the adult patients is obvious; but the disadvantages of such a course must be also considered, and in the opinion of those who have had experience of such wards the latter outweigh the former. The present board have the interest of the hospital fully before them, and are determined to make it as efficient as possible in all its departments, being fully assisted by an able secretary.

OPERATIVE TREATMENT OF ELEPHANTIASIS.

DR. RAIMUNDO MENOCAL, of the Hospital Mercedes, Havana, has devised and executed with marked success an operation in the earlier stage of elephantiasis. The patient was a young man of good general health, who was suffering from a great enlargement of the left leg formed by two extensive fleshy masses just above the ankle, which had begun to form about a year previously, after a violent blow on the foot. There seemed to be no doubt that the diagnosis of elephantiasis was correct. Iodine in the form of tincture was administered internally in the hope of diminishing the size of the leg, which was twice as large as the other. This only succeeding to a very inconsiderable extent, an operation was decided upon, and was performed under chloroform. A long incision was made the whole length of the anterior mass and carried completely through the skin, which was then carefully dissected back, exposing the hypertrophied mass of cellular tissue. This latter was then with considerable difficulty separated from its somewhat intimate connexions with the subjacent muscular

layer and removed *en masse*, the skin being then brought back into its proper position, the wound sutured and dressed with iodoform and boracic cotton, and the whole retained in its place by means of a compress bandage. The wound healed by first intention, and the dressings were taken off, with the exception of the bandage, on the tenth day. A month after the first operation, which was entirely satisfactory, a similar procedure was adopted with respect to the posterior mass, and this proved nearly as successful, the dressings being taken off on the fourteenth day. These were then replaced by an elastic bandage.

THE VACCINATION COMMISSION.

So many correspondents write us letters on this subject that we are unable to find room for them all. Mr. W. Hempson Denham thinks it satisfactory that the Government has at last taken up the subject, and intends to have a Royal Commission. He is anxious that the Commission should be impartial. He thinks it cannot be disproved that the principle of the compulsory Act is sound, but wishes the failure of vaccination to be traced. This raises the question whether there has been any failure of vaccination. Our readers will have seen a remarkable statement in THE LANCET of last week to the effect that, according to the last annual report of the Local Government Board, one of the most experienced vaccinators, Dr. Cory, has performed 38,000 primary vaccinations, and on only one occasion did it fall to his lot to fail twice in an attempt at vaccination. Mr. Marson's experience was similar. Most persons of any experience in vaccinating will say that carefully performed vaccination rarely fails, and the case is not very different with revaccination after a number of years have elapsed from the first vaccination. We have found a very ready susceptibility to vaccination in older people who had been vaccinated in childhood. The Commission will have rather to investigate the objections to vaccination than its failure. It neither fails to "take" nor to benefit those in whom it takes. We give insertion to a letter by Mr. N. E. Davies, in which he expresses the feeling that a commission on vaccination is a waste of money and time. His reasoning about vaccination affecting by heredity, and so saving those who are not directly vaccinated, is doubtful. If one vaccination does not in all cases save from small-pox, though generally mitigating its form, still less safe is anyone who trusts to ancestral vaccination. Leicester is saved by the most rigid system of seclusion—a strict, and on any large scale an intolerable, quarantine—*coupled with the revaccination of exposed persons.* The mortality from small-pox in the unvaccinated is not different, as far as we are aware, from what it was before the introduction of vaccination. Dr. McVail says: "Small-pox, apart from vaccination, has become a more fatal disease." The Commission is a settled matter. It is promised, and must take place. The great thing is that it should be as impartial and efficient in its *personnel* and as complete in its work as possible. Vaccination can only profit by such a Commission.

THE VALUE OF SYMBOLS.

AN unexpected misunderstanding between the prescriber and the dispenser was recently brought to the notice of the General Medical Council by the Midland Counties Chemists' Association. One of the members of this Association endeavoured to ascertain the opinion of local medical practitioners as to the meaning of the sign "Oss," and he found that out of twenty-eight replies from physicians and surgeons, twelve used this sign when they intended *eight* ounces to be dispensed, and sixteen employed it correctly for *ten* ounces. It is difficult to account for this lack of unanimity, or to see why the General Medical Council should be appealed to in order to solve a question they have already decided in the British Pharmacopœia. Another instance of ambiguity was lately the subject of inquiry—viz., the drug intended when "Aq. Menthæ" appeared in a prescription, leaving it an open question whether mentha viridis or mentha piperita should be employed. In this case, however, the practical results were not likely to prove as important as in the former, when the degree of dilution might lead to confusion, or at least to disappointment.

TEMPERANCE TEACHING IN ELEMENTARY SCHOOLS.

THE United Kingdom Band of Hope Union, by the liberality of their friends, find themselves able to devote £2000 per annum for the next five years to the teaching of temperance in the public elementary schools. The temperance party is right in trying to instil the principles and the love of temperance into children. Only so can the deeply-rooted habits of the nation be undermined. The heredity attaching to "nineteen centuries of drink" is not to be easily or summarily counteracted. They estimate that, excluding some 1,700,000 members of the Band of Hope, there are some 8,000,000 young people below fifteen to be reached by some such agency as the one we are noticing. They have selected seven gentlemen to deliver addresses to children in the upper standards. Only two of these have had medical training, and only one of them is as yet fully qualified. The other gentlemen, however, have high certificates in physiology, chemistry, &c. We highly approve of the scheme, and wish it every success. The addresses will be more effective as they are temperate in tone and argument. The arguments are so sound and numerous that they need no straining or extravagance of statement. Another point, too, is that the addresses should not interfere with the regular work of the schools.

PHYSICAL AND SPIRITUAL IDENTITY.

IN a very luminous paper, our contemporary, the *Globe*, discourses on the above subject. The method of treatment, however, is rather by way of narrative and fanciful collocation than by exhaustive analysis of the theories it has selected from the writings of sophists and from folk-lore. As regards physical identity, we are not guided so much in arriving at a just conclusion by the coexistence of each and every attribute of the object at any particular period, but take into consideration the relation of the majority of those attributes to time and externals. In the abstract, of course it is not logically accurate to say that a knife which has had a new blade put in is the same as the instrument identified under other and precedent conditions, but practically it is the same when one comes to consider it in connexion with individuals and circumstances coincidental, causative, or consecutive. This implies that there must be a fairly close proximity of dates at which the reference is made, or that the salient features on which identity is based must remain undisturbed. This is particularly the case in the matter of living entities in which the physiological processes essential to continued existence imply constant change. "The elements of organic life, whether designed for functional activity or passive purposes, undergo degeneration and regeneration, but the substitution is that of like for like, and the sum total of such substitution within narrow limits of time is not equivalent in the gross to the removal of the marks on which personal identity rests—that is, so far as recognition is concerned by the observer external to the observed." We are not here interested with the metaphysical

disquisition of the Diotimian doctrine of change of form, fancy, and feelings pertaining to the individual as he passes from the beginnings of life to the advent of death; or with the theosophical argument of the poet embodied in the following lines:—

"If death were naught, and naught were after death;
If when men died at once they ceased to be,
Returning to the barren womb of nothing;
Then might the debauchee untrembling mouth the heavens."

Our thoughts are engaged on matters utilitarian in their bearing upon the things and doings of every-day existence. The *Globe* in its able dissertation adopts, to our thinking, somewhat too exclusively the theory of total abrogation of "subjective identity." We should say it is not common for "persons of weak intellect to lose all notions of their own identity." In general paralysis of the insane this seems occasionally all but attained; and yet, when one tests the veracity of the contention, there generally crop up some countervailing facts to show that self-recognition is not altogether in abeyance. The general paralytic may boast of bullion inexhaustible, and lay claim to the regal splendour pertaining to an Indian prince, and yet, in truth, plead abject poverty in answer to appeals for gifts from his imaginary store.

THE NORFOLK AND NORWICH HOSPITAL AND MR. CADGE, F.R.C.S.

AN interesting announcement was made at the annual meeting of the governors of the Norfolk and Norwich Hospital last Saturday. It appears that about eight years ago Mr. Cadge, F.R.C.S. Eng., said that he was empowered to state that an anonymous governor had promised a sum of £10,000, to revert to the hospital after the death of himself and his wife, on condition that a sum of money should be subscribed by the public, and that the new building should go on to its completion. Every condition was fulfilled, but the anonymous governor continued—happily, we may now say, in the light of the recent revelation—to live on. For on Saturday it transpired that Mr. Cadge himself is the donor referred to, and that it is his intention to at once place the £10,000 in the hands of the hospital authorities. The result of the original offer was that the public subscribed £5000 and Lord Leicester £2000, so that the hospital is practically indebted to Mr. Cadge for £17,000. A resolution was adopted at the meeting that the Board of Management should consider how fitly to express their sense of Mr. Cadge's munificence. As to our own opinion of this princely gift, perhaps our silence would be more eloquent than any words we could pen.

EPITHELIOMA ARISING IN THE SOCKET OF A TOOTH.

MR. CHARLES TOMES recently reported a case with the following uncommon history. A second upper molar, of which the palatine root was detached from the two buccal, had been treated by the insertion of screws into their pulp canals, and a contour filling surmounted. When seen by Mr. Tomes it had been fairly serviceable for eighteen months, and the patient only complained that it was rather loose, but as there were ugly granulations surrounding the neck of the tooth Mr. Tomes removed it. The following day the socket was filled with granulations which had very much the appearance of epithelioma, and several surgeons who saw the case were of the same opinion. Chloride of zinc paste was applied, being retained in position, and the neighbouring parts protected by a small vulcanite plate. The result of a second application not being satisfactory, an operation was advised, and was performed three months later by Sir Joseph Lister, the disease having then spread backwards over the tuberosity and to the cheek. A large portion of the upper maxilla, including the tuberosity, was gouged away, the antrum being opened and the indurated portion of the cheek removed. Three years have now elapsed and there is no recurrence. It is an interesting point as to whether the epithelioma was due to the irritation of the root caused by its treatment, as we know of no similar case. Mr. Tomes is certain that the disease originated in the socket of the tooth, and not in the antrum, which, indeed, was at no time affected.

ALLEGED POISONING OF TWO CHILDREN AT CHESTERFIELD.

ON the 9th inst., Mary Ann Whitfield, the wife of John Whitfield, an engine-driver living in Chesterfield, was committed for trial for the wilful murder of her son, Ernest Whitfield, by poison, and also for attempted suicide. A verdict of wilful murder had been previously returned against her by the coroner's jury. The deceased died on June 27th last, an elder brother of his (Alfred Vickers Whitfield) having died only seventeen days previously. The elder child was insured for £10, the younger for £6. Both were attended by Mr. Richard Jeffreys, surgeon, and his partner, Mr. Shea, of Chesterfield; and there does not appear to have been any suspicion as to the cause of death of the elder child. But Mr. Jeffreys seems to have had his suspicions aroused at the symptoms presented by the younger one, and to have communicated them to Dr. Shea. That gentleman did not share them, and on the child's death shortly afterwards he gave a certificate of death from congestion of the lungs. Later on the husband of the prisoner appears to have suffered from sickness, and a feeling of numbness and drowsiness after partaking of food, but he recovered. After a long period of heavy drinking the prisoner made an attempt on her own life with some narcotic, probably laudanum. She was found in an insensible state; medical assistance was sought, and she recovered. These circumstances, and the similarity of the symptoms exhibited by all four, caused inquiries to be made by the police, the result of which was that the coroner for the district, Mr. Busby, communicated with the Home Secretary, and received from him an order for the exhumation of the bodies of the two children. A post-mortem examination was made by Dr. Fielden and Mr. Sutcliffe of Chesterfield, and the viscera were forwarded to Mr. Allen, of Sheffield, analyst for the county of Derby, who found meconic acid in the stomach of Ernest Whitfield. The idea of insuring the children's lives appears to have been suggested to the prisoner by an agent of the Wesleyan and General Insurance Society, on which very strong remarks were made by the coroner, and approved of by the jury.

THE MOTOR CENTRES.

THE researches of Bechterow have shown that variations in the functions of an organ are in relation with the variations which its structure presents during its development. He has discovered that there does not exist any relationship between the time of opening of the eyes, and the development of the psycho-motor centres, as Soltmann maintained. But, like Soltmann, he recognises that the motor centres are developed in a definite order: the centres for the extremities before those of the face, and the latter before those of the muscles of the back. In the puppy, the motor centres are arranged around the sigmoid gyrus as in the adult. In the adult dog the motor centres are well defined, and each regulates one group of muscles; whereas in the new-born there are only three excitable areas in this region. Around these primitive centres there are gradually developed centres destined for different groups of muscles of the limb innervated by the primitive centre. In the new-born puppy,

neither at nor for a month after birth does intense excitation of this motor region lead to epilepsy. Electrical excitation also very quickly destroys the excitability.

RECOVERY AFTER APPARENT PERFORATION IN TYPHOID.

SENOR THOMAS DE SOUZA MARTINS has reported to the Medical Society of Lisbon two cases of typhoid fever in which, after perforation of the intestine had apparently occurred, recovery had fortunately taken place. He also mentioned a third and somewhat similar case occurring in the practice of his friend Señor Ferraz de Macodo, these being the only instances in Portugal in which, as far as he knew, patients had recovered after perforation had taken place. It is worthy of note that all the three patients were foreigners. The first patient was an Austrian of the age of seventeen; the disease ran a somewhat ordinary course—complicated, however, with epistaxis—until the eighteenth day, when, on going to stool after a dose of sulphate of magnesia (the third or fourth which had been given during the course of the fever), the patient experienced a very severe pain in the left side of the abdomen at the level of the umbilicus, which was followed by peritonitis, and which was evidently due to the occurrence of perforation. The treatment ordered was one-fourteenth of a grain of hydrochlorate of morphia every hour, with ice to the abdomen and iced milk to drink. Ten of the doses of morphia were taken that day, and the next day similar doses were given at intervals of two hours. Subsequently the frequency of the doses was still further diminished, and after a few days laudanum was substituted for the morphia. Under this treatment the patient gradually improved, and in a short time was convalescent. The other patient of Señor de Souza Martins was a girl of twenty, of mixed Italian and French parents, in whom perforation, or what was believed to be such, did not occur before the thirty-fifth day of the fever. The symptoms were sudden, and violent pain in the neighbourhood of the cæcum was followed by peritonitis. Treatment similar to that adopted in the other case was ordered—viz., morphia internally, ice to the abdomen, and iced milk and champagne to drink.

SALE OF MORPHINE IN BERLIN.

THERE have been so many cases of slow self-poisoning by morphine lately in Berlin that the evil of indiscriminate poison selling has had to be peremptorily checked. Stringent police orders have been in consequence issued to all chemists with specific directions and precautions as to the sale of morphine by them, and wholesale druggists must not sell morphine to anybody excepting doctors and chemists. These precautions will, no doubt, embarrass persons who have carried a prescription from one chemist to another, as they craved for morphine; and forged prescriptions may also be partly checked.

YELLOW FEVER EPIDEMIC AT RIO.

NEWS brought from Rio de Janeiro by the steamship *Kaikoura*, recently arrived at Plymouth from New Zealand, *viâ* Rio, is to the effect that yellow fever is seriously epidemic there, the city being panic-stricken and the authorities powerless in the presence of the plague. Shortly before the *Kaikoura* reached Rio the deaths there exceeded 150 a day, and a private return gave a total of 3833 fatal cases up to that date. One of those cruel incidents of quarantine is also reported. A large number of panic-stricken residents sailed from Rio in a new Brazilian steamer; but, two cases of yellow fever having occurred on the voyage, the authorities at Buenos Ayres refused to allow them to land. The only alternative was to return to Rio, but on arriving there the authorities of this city, in which the disease was already widely epidemic, also refused to allow the passengers to land, and when the *Kaikoura* left, the unfortunate vessel, laden with an exceptional freight of passengers, was lying in the stream, the disease prevailing amongst the people, and a number of deaths having already occurred.

SIR WILLIAM JENNER, BART.

THE profession will have read with interest the announcement in last Friday's *Court Circular* that Sir Wm. Jenner had been received in audience by Her Majesty. We are enabled to state that he has returned to town thoroughly restored to health, and it must have been a source of great gratification to Her Majesty to welcome him back to his duties. We can all share in this gratification, and in the hope that for many years to come Sir William Jenner will be able to continue to devote his energies to his professional labours.

THE ANTI-VACCINATION MOVEMENT.

A CORRESPONDENT of the *Echo*, writing under the name of "Dentist," and giving no other address than "Strand, W.C.," states: "Some fifteen years ago, in my student days, I was assistant to a London public vaccinator. Two of his most intimate friends were another public vaccinator and a Government teacher of vaccination. The boast of these men was that, if possible, they always chose syphylitic (*sic*) or otherwise unhealthy children to take lymph from as it so spread disease and made business; and my instructions as assistant were never, if possible, to take lymph from a healthy child." The *Echo* allows this story to be told by an anonymous correspondent who gives practically no address. It is one of the circumstances in connexion with the anti-vaccination movement which will, we trust, be made the subject of investigation by the Commission about to be appointed. A more scandalous story we have never read.

"THE ELECTROPATHIC AND ZANDER INSTITUTE: A PROTEST."

THE Medical Battery Company, Limited (which is merely another name for the Electropathic and Zander Institute), have issued a writ in the High Court against the proprietors of this journal claiming damages for libel. At present we are unaware of the grounds of the action. Any information our readers can give us as to the proceedings of the plaintiff company will be esteemed a favour. The writ was sent to our solicitors accompanied by the following letter, the meaning of which is not intelligible to us.

"39, Hatton-garden, London, E.C., 12th April, 1889.

"DEAR SIR,

Medical Batty Coy Ld v. The Lancet.

Will you please accept service of the enclosed. The action is commenced in order that my clients may not be prejudiced by delay. Yours truly,

Messrs. Potter Sandford and Kilvington." A. FLEET.

TISSUE-METABOLISM IN OLD AGE.

AT a recent meeting of the Montpellier Academy of Sciences (*Gaz. Hebd.*, April 13th) M. Mossé made a communication upon his researches into the urinary excretion of aged persons with a view of determining the "denutrition" of advancing years. Dividing organic and mineral substances eliminated in the urine into two groups—the completely oxidised and the incompletely oxidised,—he finds that the former are notably diminished and the latter

notably increased in old age. The proportion between the different completely oxidised elements remains much as in the adult. There is a marked increase of imperfectly oxidised phosphorus, which, as Lépine thought, seems to depend much more upon the diminution of organic combustion than on a more active nervous disintegration. The conclusion is that the failing nutrition of age is not shown specially in any system or tissue, but that it is general and gradual, affecting all parts of the organism.

DR. GEORGE JOHNSON, F.R.S.

WE may congratulate Dr. George Johnson upon his well-deserved promotion to the office of Physician-Extraordinary to Her Majesty in the place of the late Dr. C. J. B. Williams. Dr. Johnson's work in the furtherance of scientific medicine is too well known to need recapitulation, and this distinction comes as a fitting recognition of his labours.

MORBID CHANGES IN DIABETES.

DR. P. FERRARO, who has made several researches on the subject of the changes produced in the different organs of the body by diabetes, has recently published the results of similar investigations in a fresh case, the eighth of the series. The arteries were affected with chronic endarteritis; in the lungs there were morbid changes not due to bacilli; in the stomach and intestines the mucous membrane was atrophied; the pancreas was transformed into a firm, compact mass of a fibrous or cicatricial character; ir the parenchyma of the liver and in the spleen pulp there were also signs of atrophy. Here, therefore, as in the other cases examined, the digestive organs were most of them affected to a greater or less extent, while the nervous system was not apparently the subject of any morbid changes. Dr. Ferraro considers the exhaustive study of the morbid histological changes in diabetes very important, and believes that we shall not arrive at any definite conclusion as to the etiology of this disease until our knowledge of the conditions under which sugar is formed and distributed in the body in a state of health is very much further advanced than it is at present.

THE DIPLOCOCCUS OF MENINGITIS.

BY means of bacteriological investigations and experiments upon animals, made with material obtained from the post-mortem examination of a case of epidemic cerebro-spinal meningitis which occurred at the beginning of 1888 in Roccella, a village near Palermo, Drs. de Blasi and Russo-Travali were able to obtain and study a micro-organism which did not develop at the ordinary temperature, and the morphological and biological characteristics of which did not leave any doubt whatever in their minds that it was the same as that studied first by Weichselbaum and more recently by Goldschmidt—i.e., was identical with the microbe described by the former as the intercellular diplococcus of meningitis.

ISOLATION HOSPITAL SITE FOR SALFORD.

A PUBLIC INQUIRY was opened last week at Salford by Colonel Ducat, R.E., and Dr. Thorne Thorne, Inspectors of the Local Government Board, relative to an application made by the Town Council of Salford for sanction to a loan of £13,000 for the purpose of purchasing thirteen acres of land on which to erect a hospital for infectious diseases. The existing hospital, which Salford has used for a number of years, has been purchased by a railway company, and before long it will be no longer available for isolation purposes. At the inquiry a number of counsel were engaged on behalf of adjoining landowners and others objecting to the scheme; although it was at the onset announced that the corporation undertook not to receive small-pox cases into any hospital that might be erected on the site. Amongst those engaged to give evidence in favour of the site were Dr. A. Ransome, F.R.S., of Manchester; Dr. Tatham, who still acts as medical officer of health for Salford; and Mr. Shirley Murphy of London. All the witnesses were cross-examined at great length, and ultimately the inquiry was adjourned until May 2nd, when it will be resumed at the Town Hall.

PACHYDERMIA CRETINOIDES.

PROFESSOR AMALIO GIMENO of Madrid describes and figures in *La Medicina Practica*, a new Spanish medical journal, a case of myxœdema or cachexia pachydermica. The patient is a typical cretin, and presents a swollen condition of the head, trunk, and extremities, which it is impossible to confound with cardiac or nephritic œdema, or with elephantiasis or scleroderma. Professor Gimeno seems inclined to think this disease may have some relation to beri-beri, and remarks upon its occurrence in the person of a cretin. Is it possible, he asks, that there is any relationship between cachexia pachydermica and cretinism? It is on the supposition that the two conditions are, in the patient alluded to, in some degree connected that he has suggested the name "pachydermia cretinoides."

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THIS Society, having succeeded in securing larger and more commodious premises than those they lately occupied, have announced their intention of erecting a spacious lecture hall, and in other respects of adapting the buildings to the requirements of a scientific society. We understand the Building Committee are prepared to receive applications for the permanent occupancy of rooms as offices and libraries, and for the use, either occasional or periodical, of the lecture hall.

DEATH OF A MEDICAL MAN FROM DIPHTHERIA.

WE regret to record the death of Mr. C. J. Moore, L.F.P.S. Glas., L.S.A., from diphtheria caused by sucking the tracheotomy tube of his own child aged six. The child also died. We deeply regret the death of Mr. Moore. We cannot but admire the paternal devotion which prompted his act, but we cannot too strongly impress on surgeons and nurses to avoid such a mode of clearing a blocked tube.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. C. B. Mesterton, Lecturer on Surgery and Midwifery in the University of Lund, at the age of sixty-three; and Dr. Don Félix García Teresa, founder of the Gynæcological Society of Spain.

IT is stated that the Duke of Portland gave £1000 out of the stakes he won recently at the Leicester races to the Leicester Infirmary. This is an example which might well be followed by other rich and successful owners of racehorses.

PROFESSOR CORFIELD, M.D., has been elected a Corresponding Member of the Italian Association "Dei Benemeriti," and awarded a gold medal for his contributions to hygiene.

DR. HARRINGTON SAINSBURY has been elected a physician to the Royal Free Hospital, in the room of Dr. Cockle, resigned.

A CASE was tried in the Queen's Bench Division this week which has an important bearing upon the question of insanitary houses. The plaintiff agreed to take of the defendant her furnished house at Ryde in the Isle of Wight for thirteen weeks at a rental of £3 13*s.* 6*d.* a week. The action was to recover damages upon the ground that the house was in an insanitary condition, whereby plaintiff's two children and three other inmates of the house fell ill of typhoid fever. The case was that the well water was contaminated and the drainage defective, and that the fever was caused by one or other of these things, or by both of them combined. The defence was a general denial, and also that the drains were laid down under the sanction of the public authorities. The jury, after a few minutes' deliberation, gave a verdict for the plaintiff, damages £70. Judgment was entered accordingly.

AN International Congress on Otology and Laryngology will be held in Paris at the Trocadero Palace from the 16th to the 21st of September next. The choice of subjects will be left to the initiative of the individual members, and intending speakers should forward the titles of their papers before July 15th to the secretary of the Congress Committee, M. le Docteur Loewenberg, Rue Auber 15, Paris, to whom all communications in connexion with the Congress should be addressed. The fee for membership is fixed at 20fr. Professor Duplay will be president, and Drs. Gougenheim and Ladreit de Lacharrière vice-presidents.

THE PARIS UNIVERSAL EXHIBITION.

(FROM OUR SPECIAL CORRESPONDENT.)

THE sanitary condition of Paris has been a subject of criticism and complaint ever since sanitary science has held a prominent position in the public mind. No one can visit Paris without becoming painfully aware of its defective drainage; and, now that a larger number of persons than usual will be gathered in the city to see the Exhibition, this inconvenience will be more severely felt. Fortunately, some improvement has taken place, and we have good promise of great achievements in the near future. It must be acknowledged that French sanitary reformers have had exceptional difficulties to overcome. The teaching of hygiene in medical schools is but a recent innovation. Many French doctors, who took their degrees before hygiene formed part of the medical curriculum, have no practical knowledge of the subject. With regard to the architects, who have to carry out in the building of houses the laws of domestic hygiene, the position of their profession is even more deplorable. The French schools of architecture inculcate art, and not the laws of health; and the architect is taught to build a beautiful rather than a healthy house. Only a short time ago the École des Beaux-Arts refused to allow lectures on sanitation, house drainage, &c., to be delivered to the students of architecture. The engineers, however, have, as a profession, more readily appreciated the necessity of studying the technique of drainage &c. Prominent among them, the late M. Durand-Claye rendered the most eminent service, and to his indefatigable energy and stirring eloquence much of the progress in course of realisation may be attributed. M. George Bechmann has now succeeded to the post so worthily occupied by M Durand-Claye, and as Chief Engineer of the Paris Municipal Sanitary Service is primarily responsible for the drainage &c. of the houses. One of M. Durand-Claye's most able lieutenants, M. Louis Masson, is the Chief Sanitary Inspector of Paris. By the Town Hall, or Hôtel de Ville, at No. 9, Place de l'Hôtel de Ville, and No. 6, Avenue Victoria, these gentlemen have their offices, and to them must be referred all the details of drainage for new houses, &c. To them also, in a great measure, will be due the very instructive and graphic character of the sanitary exhibits made at the Champs de Mars in the pavilion of the town of Paris. Among other subjects of public interest we shall find drawings and plans giving a history of the sewers of Paris, dating back for 250 years. The plans drawn up by the great Colbert, in 1663, for the drainage of Paris will be shown. This celebrated statesman, who as Controller-General of Finances contributed so largely to the development of science, art, and commerce, was not indifferent to the claims of public health, and this at a time when hygiene was but little understood. Later on, his example was followed by the celebrated economist Turgot, and we are promised the plan he drew up for the drainage of Paris in 1740. Then, as befitting the centenary celebration for which the Exhibition is held, there will be a plan of the sewers of Paris in 1789. We shall have also the plan of 1837, and M. Belgrand's plan of 1854. This latter shows the ambitious schemes of the Second Empire when sewers were built of gigantic size, with boats and tram-lines within, and a system of illumination which gave to the main drains a palatial appearance. Thus the sewers of Paris became one of the sights of the town; but when the second International Congress of Hygiene met in Paris during the last Universal Exhibition—that is to say, in 1878,—the foreign sanitary reformers, especially the English, were not very favourably impressed. Illuminated sewers, with scavengers in fancy uniforms pushing along barges hung with flags and fairy lights, were certainly a novel and pretty sight. An eminent sanitary reformer then remarked, pointing to the domed roof and noble dimensions of one of the main sewers, "This is magnificent, but it is not sanitation."

The criticism was all the more justifiable as, after all, these sewers rendered but little service, while they were a constant source of nuisance. They only received the rain water and the kitchen water. The sewage proper was drained into cesspools. Very complete drawings of the sewers of 1878 will be shown, and by their side will be set the plans of this present year. The sanitary reformers who assisted at the International Congress of 1878 will therefore be able to make a comparison of what they then saw and what now exists. Thus they will be able to realise that there are now in Paris 950,550 metres of sewers, and, if we include the branches running from the houses to these channels, we reach a total of 1,239,805 metres of sewers. But by far the most important fact is the official recognition that a third part of these sewers is sufficiently perfect in construction to receive the entire drainage from the houses which communicate with them. There is a printed list of all the streets which may now drain direct into these sewers; and these, we are pleased to note, comprise many of the streets of districts principally frequented by English and Americans. Thus the possibility of draining houses properly, and thereby abolishing the cesspool system, has been greatly extended of late years. As we have pointed out before, when describing the sanitary problems involved in the drainage of Paris, the abolition of the cesspools is not unattended with danger. The change, under certain circumstances, might be more mischievous than the continuance even of the old and abominable system.

To drain direct into the Paris sewers seemed, at first, a matter of extreme difficulty, because neither architects, engineers, nor plumbers knew how to construct safely such drains; and, secondly, because the sewers were so badly built, badly flushed, and insufficient in their fall, that the sewage was likely to stagnate. During the last ten years, however, much progress has been achieved in these respects; and this is due, we repeat, in a very great measure to the untiring efforts of M. Durand-Claye. A large number of the Paris sewers have been rebuilt or improved, and all the new sewers were laid down according to the most recent and approved models. Thus a third of the sewers are now considered in satisfactory order, and capable of receiving all the sewage of the houses. On the other hand, a school of domestic drainage has been created in Paris. The scientific and safe construction of a w.c., of sink and drain-pipes, has been carefully studied, and the most approved English and American models introduced. The plumbers' trade union, working energetically and harmoniously with the sanitary authorities of the Paris municipality, have for some time past opened a technical school. M. Louis Masson there delivers lectures on the theory of plumbing, and soon a system of examinations will be introduced and diplomas given to those who prove themselves efficient plumbers. All the plumbing of the sanitary and insanitary houses which are to be built at the Exhibition will be done by the pupils of this school, and will serve as a practical illustration of the progress made in Paris in this most practical

question. It is now, therefore, at last possible to drain a house properly in Paris, and this without having to import workmen from England.

The Paris municipality is not, however, content with the mere possibility. It has taken a step, an all-important step, further; for, within the limits of its legislative power, it has rendered this possibility obligatory. Special decrees, recently issued by the Prefecture of the Seine, stipulate that all plans for draining houses shall first be submitted to the sanitary authorities; and that these plans will not be approved unless in keeping with the most advanced principles of drainage. A Bill now lies before the National Assembly to enable the municipality to deal with old houses in the same manner as with new constructions. These measures are thorough in character, and we shall carefully analyse them in a future issue.

Paris, April 16th.

AMBULATORY AUTOMATISM.

(FROM A CORRESPONDENT.)

PROFESSOR CHARCOT lately exhibited at La Salpétrière a singular case which borders on the incredible, and yet, if accepted, is full of interest from a medico-legal point of view.[1] The patient, while engaged in his ordinary occupation, suddenly lost consciousness of his actions, but continued to walk without knowing where he went, until he recovered lucidity, at the end of a period varying from a few hours to eight days.

He was a porter in a Parisian bronze art establishment, where he had been employed for nineteen years. On Jan. 18th he started with the van, and, after having made correctly the last of eleven deliveries, he became unconscious about 7 P.M., and, instead of returning to the van, walked out of sight. From that time he remembers nothing until 2 P.M. on Jan. 26th, when the strains of a military band awoke him on a bridge in an unknown town. Although no harm seems to have come to him, yet those eight days are an absolute and complete blank in his memory. Once aroused, he became lucid. His clothing was all right and his shoes were not worn out. His first anxiety was to discover where he was, but he was afraid to ask the passers-by lest they should suspect him of being a lunatic; so he inquired the way to the railway station, and discovered he was in Brest. He was hungry and thirsty, and when he had visited the refreshment-room he found he had still 700 fr. left of the 900 fr. which he took on his last delivery, so that he had spent 200 fr. during the eight days of his automatism. His next thought was to regain Paris, but there was no train until the evening, and, lest he should be overtaken by another attack, he deemed it prudent to place himself under the protection of the police. He told his story to his legal guardians, and showed them the prescription which Professor Charcot had given him, and which he had warned him always to carry on his person in case of accidents of this kind. The police inspector smiled, told him he knew all about that sort of thing, and locked him up. He protested, and demanded that they should telegraph to his master, whom he had served for nineteen years, to confirm the truth of his statement. Unfortunately the telegram was received by a new partner who was unacquainted with the previous history of the porter, and he replied that they had better keep him in custody. He was accordingly handcuffed and taken off to prison with a number of malefactors. At the end of six days, however, a letter from his old master arrived, which satisfied the police, and he was set at liberty.

The history of this case was a curious one. Four years ago, as the man stood on a doorstep seven miles out of Paris waiting to deliver a parcel, he became unconscious, and remembered nothing until he found himself, fourteen hours afterwards, in the heart of Paris, with his shoes bearing witness to a long tramp. Three months later he was looking at the works in progress at the Eiffel Tower, when he lost consciousness as before, and came to himself forty-two hours afterwards, to find that he had jumped from the top of a railway carriage as it crossed the bridge at Bercy, and that he was swimming to regain the bank of the Seine. In his pocket was a railway ticket with the change he had received when he paid for it; his watch had been regularly wound up, and he had conducted himself so rationally during his period of unconsciousness that his conduct had escaped observation or remark. His next attack lasted fifty-three hours, but, unlike his previous ones, it left some dream-like memories of what had passed akin to those that sometimes remain after an attack of epileptic fury. It was then that he presented himself at the Salpetrière, and Professor Charcot diagnosed the case as one of epilepsy. There was no inherited or personal taint; the usual characters of epilepsy were absent from his attacks; and, with the exception of slight headache, there was no warning. During the attack there was no visible sign of the patient's unconscious condition, and he appeared to conduct himself as usual.

Professor Charcot remarked that the characteristic of this variety of epilepsy was an automatism very similar to that found in cases of traumatic amnesia. Under bromine the attacks had ceased almost entirely, only an abortive one which lasted three hours having occurred in more than a year. Thinking himself safe, the patient had discontinued the bromine for four months, when the attack happened which landed him in the police-station at Brest.

[1] Reported by Dr. Paul Blocq, Bulletin Médical, March 3rd, 1889.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Enteric Fever alleged to be due to a Slaughterhouse at New Brighton, by Mr. SPEAR.[1]—This report raises the question whether enteric fever was induced by the faulty conditions of a slaughterhouse, as was locally alleged and believed; indeed, it was this point that led to the inquiry reported on. The point is discussed at great length in a report covering over eight printed foolscap pages, but all along it is evident that the allegation is not regarded as proven, and in the end the conclusion at which Mr. Spear has arrived is to the effect that there was no sufficient evidence for regarding the slaughterhouse as the origin of the fever prevalence. To this it is, however, added that it is much more difficult to speak of the absence, owing to the slaughterhouse, of any indirect or subsidiary agency; for the establishment admittedly contributed with a number of other faulty conditions to vitiate the atmosphere in its immediate vicinity, and it is held that there is abundant evidence to show that the contagia of the infectious fevers are apt to thrive in media polluted by decomposing animal matters. The story of the slaughterhouse in question is remarkable as a typical piece of sanitary maladministration. It appears that the premises were, prior to 1876, used for slaughtering. Then came an interval which necessitated the concurrence of the Wallasey Local Board, in whose district New Brighton lies, before the business could be re-established; indeed, an attempt to use it without such official sanction was followed by a conviction in 1878. In May, 1884, the medical officer of health and surveyor reported on a renewed application to use the place as a slaughterhouse; and, whilst they did not object especially to the premises themselves, the medical officer of health reported the situation to be "objectionable ..... because so closely surrounded by houses," and he added that it would "cause nuisance." On this the licence was properly refused. But, oddly enough, "a private communication was conveyed to ..... the occupier, from the Health Committee, to the effect that so long as he continued to slaughter without nuisance his business would not be interfered with." This continued till 1887, some thirty-two animals being slaughtered there weekly, when the nuisance was such that complaints were made and a conviction against the occupier was obtained by the sanitary authority for slaughtering without a licence. Again an attempt was made to get sanction to use the premises, the surveyor advising the sanitary authority unequivocally against it, the premises being in an "overcrowded neighbourhood, and, if for no other reason, totally unsuitable." Notwithstanding this, the sanitary authority granted the licence. Then came a number of complaints as to nuisance

[1] Eyre and Spottiswoode, East Harding-street, E.C.; Adam and Charles Black, Edinburgh; and Hodges, Figgis, and Co., Dublin.

and disease, and the resulting official inquiry. The premises are described by Mr. Spear, and it is perfectly evident that they are not such as should be used for a slaughterhouse. They violate a number of the conditions laid down and explained in the Annotated Edition of the Model Bye-laws of the Local Government Board; and it is altogether incredible how the sanitary authority should have acted in the inconsistent way they did. The inability of the medical officer of health to prove that nuisance and injury to health had actually been brought about can hardly be raised as an excuse, since he had distinctly condemned the premises. The Wallesey Local Board should erect an abattoir in a suitable place, a step which they unwisely decided against before their unfortunate action in granting the licence referred to.

On the Sanitary Administration of the Bridgend Registration District, by Mr. SPEAR.—This report enters at very considerable length into all the physical and sanitary circumstances of this district as a whole, and of its several constituent sanitary districts; but it is evident that it has been compiled rather with a view to purposes of sanitary administration than because of any points of general sanitary interest. For an area of this rural and semi-rural sort, an average death-rate from all causes reaching 20 per 1000 living must be regarded as excessive; as also must a death-rate from the continued fevers of 7 per 10,000. In one sanitary district Mr. Spear points out that the health-officering is so contrived as to obliterate the most important function—namely, that of an adviser to the sanitary authority; and he gives a number of details in support of this contention. In another, much the same arrangements exist, the result being that even pressing and important sanitary needs hardly ever receive serious consideration. Perhaps the little town of Cowbridge is most typical of faulty sanitary administration. Formerly, when under the rural sanitary authority, nothing whatever, it is alleged, appears to have been done to ameliorate the sanitary condition of the town. And even since it has been made an urban district, the value set by the local authority on the services of a medical officer of health were locally estimated at the rate of £5 per annum; and, on the protests of the Local Government Board, the question of salary seems to have been adjourned, the officer now serving without knowing what his remuneration is to be. In the meantime he has never been consulted by his authority; grave sanitary faults are being committed without reference to him; and the attitude of the authority as to sanitary affairs may perhaps best be appraised by Mr. Spear's statement that "much of the wretched house property in the town belongs, directly or indirectly, to town councillors." Throughout the registration district sanitary work is greatly needed, and conditions favouring high mortality from such diseases as enteric fever are rife. Mr. Spear evidently feels that, since the majority of these districts cannot remedy such prevailing evils as relate, for example, to faulty sewerage without co-operation, as also for other reasons, there would be great advantage if the authorities of the several sanitary areas within the registration district were to combine and appoint one medical officer of health at a salary which would secure them reasonable and skilled services.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

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The reoccurrence of syphilis in the same individual has been already adduced as a proof that syphilis may be considered curable; and the belief, formerly general, that a second attack of syphilis was unknown, may now be considered as quite exploded. The exceptions are much too numerous to prove the rule. If syphilis were incurable, ought we not to see many more deaths from it? That it is the cause of many abortions, many stillbirths, and many deaths in early childhood is clear, but how seldom comparatively do we see or hear of the death of an adult from syphilis pure and simple. Even the cases in which it plays a more remote part in causing death are few, considering the general prevalence of syphilis in this country for many years past.

I would also ask another question. If syphilis were not curable, should we not see much more of it among the wives and children of those who have formerly suffered from it? Every practitioner of middle or advanced age must be able to recall scores, if not hundreds, of cases of male patients,

and disease, and the resulting official inquiry. The premises are described by Mr. Spear, and it is perfectly evident that they are not such as should be used for a slaughterhouse. They violate a number of the conditions laid down and explained in the Annotated Edition of the Model Bye-laws of the Local Government Board; and it is altogether incredible how the sanitary authority should have acted in the inconsistent way they did. The inability of the medical officer of health to prove that nuisance and injury to health had actually been brought about can hardly be raised as an excuse, since he had distinctly condemned the premises. The Wallesey Local Board should erect an abattoir in a suitable place, a step which they unwisely decided against before their unfortunate action in granting the licence referred to.

On the Sanitary Administration of the Bridgend Registration District, by Mr. SPEAR.—This report enters at very considerable length into all the physical and sanitary circumstances of this district as a whole, and of its several constituent sanitary districts; but it is evident that it has been compiled rather with a view to purposes of sanitary administration than because of any points of general sanitary interest. For an area of this rural and semi-rural sort, an average death-rate from all causes reaching 20 per 1000 living must be regarded as excessive; as also must a death-rate from the continued fevers of 7 per 10,000. In one sanitary district Mr. Spear points out that the health-officering is so contrived as to obliterate the most important function—namely, that of an adviser to the sanitary authority; and he gives a number of details in support of this contention. In another, much the same arrangements exist, the result being that even pressing and important sanitary needs hardly ever receive serious consideration. Perhaps the little town of Cowbridge is most typical of faulty sanitary administration. Formerly, when under the rural sanitary authority, nothing whatever, it is alleged, appears to have been done to ameliorate the sanitary condition of the town. And even since it has been made an urban district, the value set by the local authority on the services of a medical officer of health were locally estimated at the rate of £5 per annum; and, on the protests of the Local Government Board, the question of salary seems to have been adjourned, the officer now serving without knowing what his remuneration is to be. In the meantime he has never been consulted by his authority; grave sanitary faults are being committed without reference to him; and the attitude of the authority as to sanitary affairs may perhaps best be appraised by Mr. Spear's statement that "much of the wretched house property in the town belongs, directly or indirectly, to town councillors." Throughout the registration district sanitary work is greatly needed, and conditions favouring high mortality from such diseases as enteric fever are rife. Mr. Spear evidently feels that, since the majority of these districts cannot remedy such prevailing evils as relate, for example, to faulty sewerage without co-operation, as also for other reasons, there would be great advantage if the authorities of the several sanitary areas within the registration district were to combine and appoint one medical officer of health at a salary which would secure them reasonable and skilled services.

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relatives, and friends who have suffered from what was undoubtedly syphilis, but have subsequently married, with the result that their wives and families have been perfectly free from any syphilitic affection. Could this be possible were syphilis incurable? One sees now and then cases of wives suffering from syphilis acquired by their husbands before marriage; but these are few compared with those cases where the husband has acquired it after marriage.

The coincidence of scrofula, too, must be taken into account when discussing the curability of syphilis. That the combined effects of syphilis and scrofula are much more severe than that of syphilis, those who have had any experience in the practice of a lock hospital must admit. I find that this was alluded to in an address delivered by Dr. Malden at Bath in 1838, when speaking of the importance of caution in the mercurial treatment of syphilis: "Once light up scrofulous action, which an incautious exhibition or an injudicious management of mercury may easily do, and you are at once in a wood, and know not where its 'wandering mazes end,' for you have to perplex you not only a hybrid between the diseases of syphilis and mercury, but a more disastrous mixture of syphilis, mercury, and scrofula." Thanks to the care with which mercury is now administered, there is less fear of the triple poison, but the more intractable and even fatal cases of syphilis which I have seen have been those in which scrofula coexisted.

That syphilis may remain latent in the system for many years is too true, and that very intractable cases are met with now and then is also evident. But my experience is that the great majority of cases of syphilis occurring in otherwise healthy individuals, taken in hand promptly after the first appearance of its initial manifestation, and treated judiciously with mercury and iodide of potassium, will terminate in a mild attack of secondaries.

Another point to be observed is that the difference between the treatment of primary and tertiary syphilis, so far as the lower classes are concerned, is just the difference between a neglected and a spoiled child. Primary syphilis is relegated to out-patient departments, prescribing chemists and druggists, and quacks. Syphilis occurring in the spinal cord or in the viscera is treated in hospital wards under the most favourable auspices; it has the concentrated attention of all the medical staff, and the assiduous care of house physicians and clinical clerks; and after death it furnishes the theme for lectures and addresses from the most eminent physicians and surgeons. Dr. Gowers' lectures were admirable, and his advice as to the duty of encouraging chastity most excellent. But as a very considerable time must elapse before we can hope to see any diminution in the prevalence of syphilis, I would suggest that the students in all our medical schools should have the opportunity of studying syphilis as thoroughly as they are required to study less important subjects, and that they should be required to produce certificates of attendance on lock hospital or lock ward practice. Then, and then only, will primary syphilis receive the attention which it merits.

I am, Sirs, yours faithfully,

Liverpool, April 15th. FRED. W. LOWNDES.

THE VACCINATION COMMISSION.

To the Editors of THE LANCET.

SIRS,—Every sensible practitioner must agree with your article, that a commission for the further enlightenment of anti-vaccination bigots is simply a waste of money and of time, for there is a substratum of ignorance and prejudice that no facts will convince or arguments reach. If any scientific truth has ever been proved to the hilt all the world over, it is that vaccination is a blessing, and it is simply an injustice to posterity to allow a few bigots to make future generations of English children as scarred and hideous as so many of their ancestors were a hundred years ago. It would be far more reasonable and beneficial if the grandmotherly legislation of the present day insisted upon a few facts upon vaccination, cleanliness, fresh air, abstinence, and such subjects being taught in Board schools. In a few years a more enlightened generation would spring up, and the necessity of the above absurd commission would never arise again—at least we might hope so, for the infant or child mind is amenable to argument when based on fact, and, once convinced, not likely to fall astray in after years. We all know how difficult it is in after-life to disbelieve even palpable fallacies instilled into our minds in childhood—such as the belief in ghosts, fairies, and other supernatural absurdities. I am happy to say that in this part of England, during twenty years as a public vaccinator, I have never had a rabid anti-vaccinationist to deal with. I have had many objectors, but a few facts put plainly have generally been all that has been necessary to convince, and I have never during that time had a case that has "gone wrong" or brought the operation into disrepute. The anti-vaccinationists talk of sanitation as a cause of less small-pox now; I believe it is due a great deal more to the fact that the benefits of vaccination are transmitted from father to child, and that, as three or four generations have now been subjected to the virus, the constitution of the new-born infant has to an appreciable extent been influenced to resist the poison of small-pox. If this be not so, how is it that when small-pox attacks an unvaccinated race—such as the North-American Indians—it simply sweeps them off the face of the earth by its deadly virulence?

We know the poison of syphilis is transmitted through three or four generations in a modified form to the detriment of the constitution. Why not the effect of vaccination to its benefit? It is only reasonable to assume that Nature, if she inflicts evils, gives us benefits to compensate, them—at least let us believe so. I commend this theory for elucidation by the Commission. If it is so, it will destroy one argument of the anti-vaccinationists—that Leicester and other similar towns is protected by sanitation, and not by what I should like to call the heredity of vaccination.

I am, Sirs, yours faithfully,

Sherborne, April 12th, 1889. NATH. ED. DAVIES.

THE LATE DR. JOSEPH ROGERS.

To the Editors of THE LANCET.

SIRS,—You will no doubt be good enough to insert this correction of the notice which you published about my late brother Joseph. The little work which I am seeing through the press is entirely his own composition, written or dictated in the intervals of his distressing sickness. I have simply supplied a preface and corrected the proofs. This correction gives me the opportunity of thanking your excellent paper for the support which you gave his efforts during his long and arduous struggle on behalf of the sick poor. Your action was characteristic of a journal which has, during its long and useful career, unswervingly advocated the cause of humanity, and watched over the legitimate interests and professional honour of that noble calling which has conferred the greatest benefits on mankind.

I am, Sirs, your obedient servant,

Oxford, April 16th, 1889. JAMES E. THOROLD ROGERS.

THE DIFFUSION OF SMALL-POX.

To the Editors of THE LANCET.

SIRS,—In one of the annotations in the current number of THE LANCET comments are made on some observations in my last annual report on small-pox isolation hospitals. Perhaps you will allow me to remark that, in estimating the distance to which infection may spread by aerial dissemination from such institutions, there must be considerable room for error in arguing from hospitals situated in comparatively crowded areas, with every facility for concealing cases, each of which would be a centre of infection, spreading in an ever-widening circle, and assuming that the same results would be likely to follow amongst more scattered populations, in which everyone knows his neighbours, and in the case of small-pox, is ready to act as a detective, where there is no difficulty in getting early intelligence of every case and removing it at once. If hospitals, with all their precautions, are a danger, houses with one, two, or three cases in them must also be a danger for some distance round, even to those who do not enter them. Be this as it may, my argument is not that hospitals are the best means of preventing the spread of small-pox—this can only be done effectually by adequate vaccination,—but that until the probably distant time comes when everyone shall be adequately vaccinated, communities are justified in protecting themselves, not so much from small-pox as from the serious losses caused by a small-pox epidemic, by using isolation hospitals, even though it should be proved that they thereby increase in some degree the quite avoidable risks of a fraction of the inhabitants of a small part of their district—say, one square

mile out of twenty,—especially when it is considered that "it is these very rejectors of vaccination who bring the whole trouble upon them, and who in their own persons chiefly benefit by an epidemic being prevented." Of course every possible precaution ought to be taken in the selection of a site and in the construction of the hospital. It may even be that unless there is a reasonable probability that every case will be reported and can be at once isolated, the hospital may turn out to be of little use to the community, whatever service it may render to individual households. But is it not possible that the same may be true of all attempts to extinguish infectious diseases by means of fever hospitals? I am, Sirs, yours truly,

Barnsley, April 15, 1889. MICHL. THOS. SADLER.

"PUBLIC *v.* PRIVATE VACCINATION."

To the Editors of THE LANCET.

SIRS,—Under the above title you refer on pp. 749-50 of your issue of the 13th inst. to some remarks in the March number of the *Bristol Medico-Chirurgical Journal* which occurred in the review of some books on vaccination. The opinion there expressed that public vaccination is superior to private vaccination was given without any knowledge of the Local Government Board's letter to the Chorlton guardians, or of their 1881 annual report (both of which you quote), and as the independent belief of one who was a public vaccinator for sixteen years, and who in the last four years has done a considerable amount of private vaccination. It is an incontrovertible fact that vaccination is losing its reputation owing to the inefficient work of many private vaccinators, who either wilfully or carelessly reject the teaching of familiar statistics. Many children are now vaccinated *legally* who are not vaccinated *scientifically*. Through the action of the medical attendant they have nothing like the amount of protection which a properly executed vaccination would give. These cases therefore take small-pox, often die, and are returned statistically as "post-vaccinal cases." A gross injustice is thus done to the vaccination procedure. Your own observations (p. 754) on "insusceptible" cases are a striking commentary on one aspect of the question. But the required improvement will not be attained merely by allowing us to denounce inefficient vaccination. It would be more satisfactory to prevent the evil than to curse it. Some day (the sooner the better) the State will have to see that helpless children, whether they belong to the rich or to the poor, are protected against ignorant parents and popularity-seeking doctors. I was glad to learn from your article that the Local Government Board has officially stated that "vaccination by public vaccinators is of a more efficient character than that which is performed privately." As the truth of this, as a general statement, cannot be impugned, all children will have to be brought under such beneficent influence.

I am Sirs, your obedient servant,

April 15th, 1889. THE REVIEWER.

"EXCISION OF THE ASTRAGALUS IN CLUB-FOOT."

To the Editors of THE LANCET.

SIRS,—I have to thank Mr. Muirhead Little for his letter in your issue of April 6th. The movements at the ankle-joints in the cases of excision of the astragalus which I recorded are good, and the fact useful. I quite agree with Mr. Little that only in the worst cases should any interference with bones be adopted. As to which operation is best, I think each case must be considered on its own merits, and dealt with accordingly.

I am, Sirs, yours truly,

Glasgow, April 15th, 1889. J. CRAWFORD RENTON.

STERILISED LIQUID MILK.

To the Editors of THE LANCET.

SIRS,—With reference to the report in your issue of the 6th inst., I am desired by my Directors to express their surprise at the last paragraph, which declares that the milk is "poor in butter-fat and mineral constituents." This is quite at variance with analyses made by leading English, French, German, Spanish, and Italian scientists, who pronounce the milk to be rather above the usual standard of such constituents. I am also desired to add that the fact of the British and foreign Governments using our milk is the best guarantee the public can have. Trusting you will, in fairness, give the same publicity to this letter as to the report, I am, Sirs, yours faithfully,

J. D. PATULLO, Secretary.

Dahl's Pure Milk Syndicate (Limited), St. Swithin's-lane, London, E.C., April 15th, 1889.

*** In fairness we print the above letter. But we have no modification to make in the statement of our analysis, of the accuracy of which, in respect of the sample submitted to us, we have no doubt whatever.—ED. L.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle and Tyneside.

AT the last meeting of the Tyne Port Sanitary Authority, the annual report of the medical officer, Mr. H. E. Armstrong, was considered, and the chairman said that the report was creditable to their medical officer, superintendents, and all concerned. It was shown that during the last month 420 British sailing vessels and 1321 British steamers had been inspected, and also 380 foreign steamers and 420 foreign sailing vessels; in all, 2841 visits had been paid, and the report was of a satisfactory kind.—It is very satisfactory to note the increased interest which is now being taken by the working classes in our medical and other charitable institutions, in proof of which I may mention that a deputation from the Newcastle and Gateshead Trades' Council visited the Throat and Ear Hospital during the time the medical officers were attending to the out-door patients. They made notes of what they saw and the class of patients who sought relief. A meeting also of working men has been held in Newcastle to promote the formation of the Convalescent Home for Workmen on the lines proposed by Dr. Robinson of Stanhope. The institution is to be formed, supported, and managed by working men, whom it is designed to benefit. Meetings of workmen have been held with a view to establish an infirmary for the Wallsend district. Considering the large and varied interests in the manufacturing way at this portion of the Tyne, the wonder is that Wallsend has been so long without an infirmary of its own, but now that the project has been set in motion it is certain to gather strength and become an accomplished fact.

Fire at the Cumberland Infirmary.

There has been a fire at the Cumberland Infirmary, Carlisle. It broke out in the laundry department, which is fortunately a detached building, and the wind blew in a favourable direction, and so the main building was saved. It appears that the water-supply to the infirmary is on the meter system, so that when a high pressure was required the supply was very inadequate to cope with a fire. The local papers say it is doubtful whether any insurance money can be recovered, as the building destroyed was not included in the policy made out about fifteen years ago. Probably the fire insurance and water-supply will now receive due attention. As it is, the damage is stated to reach about £200.

Durham County.

An inquest has been held on the body of a patient who died in the Durham County Asylum. The deceased was admitted in the latter part of March, and shortly after his arrival it was found that ten of his ribs were fractured. The medical evidence, however, showed that this was not the cause of death, which was due to exhaustion consequent upon general paralysis and disease of the brain. A verdict to this effect was returned.

Dr. George Renton has received a handsome presentation for his services in forming an ambulance corps for the workmen of the iron and steel works at Consett, and also for continuing to act as teacher.

Newcastle-on-Tyne, April 16th.

THE ROYAL SOCIETY.—Among the fifteen newly-elected Fellows are three members of the medical profession—viz., Dr. E. Ballard, Professor D. D. Cunningham, M.B., M.Ch., and Professor G. F. Yeo, M.D., F.R.C.S.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Conjoint Examination: Colleges of Physicians and Surgeons.

THE following regulations for the Final Examination of the Conjoint Scheme between the two Colleges, having been adopted by both bodies, will, it is expected, come into operation at the next examination:—Candidates may present themselves for examination in all the subjects of the final examination at the same term; or in medicine, including therapeutics and pathology and clinical medicine, for the first term. The subjects for the second term comprise surgery, including therapeutics and pathology, ophthalmic and aural surgery, clinical surgery, and operations; while for the third term candidates will be examined in midwifery, gynæcology, clinical gynæcology, forensic medicine, and hygiene. Candidates must pay the full fee before being admitted to any part of the examination; they may take the groups of subjects in any order they please, but cannot receive any diploma until the entire examination is completed. At the examinations for the Second Professional, held last week, the percentage of rejections was very high, for only about one-third of those who entered satisfied the examiners.

College of Physicians.

At a meeting of the President and Fellows, held on the 5th inst., it was resolved: "That Dr. J. Magee Finny be continued as King's Professor of Medicine for a further period of seven years from July 7th, 1889; and that Dr. Rutherford Kirkpatrick be similarly continued as King's Professor of Midwifery from the same date."

Death of Dr. T. Rutherford Kirkpatrick.

I regret to state that Dr. Rutherford Kirkpatrick died at his residence in Dublin on Tuesday, after a somewhat lingering illness, at the comparatively early age of fifty-seven. Dr. Kirkpatrick was professor of midwifery in Trinity College Medical School, and a Fellow of the College of Physicians in Ireland. Dr. Smyly has been acting as Dr. Kirkpatrick's substitute in the midwifery chair in the School of Physic.

Death of an alleged Centenarian.

The death of Michael Cusack at Kildysart is reported at the alleged age of one hundred and ten years. The deceased had been a pensioner for sixty years, and served in many campaigns, for which he obtained medals. He was present at the battle of Waterloo and at the siege of Rangoon. He had been blind for some years, but his health was fairly good.

There is an improvement in the condition of Dr. S. Bigger who recently had an attack of hemiplegia.

Dublin, April 15th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Antipyrin, Diabetes, and Cataract.

THE interesting communication made by MM. Germain Sée and Gley at the Academy of Sciences in February last on results with antipyrin on diabetic patients (*vide* THE LANCET, Feb. 23rd, 1889), induced M. Panas to try the efficacy of antipyrin in the treatment of diabetes in connexion with cataract. Two persons were treated by him; one a man aged thirty-eight, affected with bilateral cataract of two years' standing, and who was at the same time diabetic; the other was a woman of seventy-three years, of a delicate constitution, diabetic for six years, very nervous, and who presented a double cataract, that in the left eye being complete. After the administration of antipyrin in doses of three grammes per day, during one week, the sugar fell from 35 grammes to 3·60. It was under these conditions that M. Panas proceeded to operate for cataract, at the same time recommending the patient to continue to take two grammes of antipyrin per day. From these cases M. Panas concluded: 1. That antipyrin possessed an antiglycogenic action both prompt and efficacious. 2. That it has succeeded in those cases in which neither the diet nor the drugs employed had succeeded in reducing the proportion of the glucose below a given quantity. 3. That for it to be efficacious it is necessary that the daily dose at first should consist of three grammes. 4. That the effect became evident even when the patients were allowed to continue a moderate proportion of farinaceous substances. Dr. Albert Robin, well known for his researches in connexion with antipyrin and other drugs of that class, said that he did not believe that one could distinctly say that antipyrin did not suit such or such diabetic patients, but when the treatment is commenced, the appearance of certain symptoms should be an indication to suspend the remedy without delay. He then named the indications and contra-indications of antipyrin in the treatment of this affection. In conclusion, he said that antipyrin can render the greatest service to a very large number of diabetic subjects, and it is destined to take an important place in their treatment; but, like all active drugs, it is a two-edged weapon, which one ought to know how to handle with ability, and which it would be imprudent to employ indiscriminately in all cases.

Transmission of Pneumonia in Pregnancy.

Dr. Netter lately brought to the notice of the Société de Biologie a case confirming the possibility of the transmission of an infectious malady from the mother to the fœtus in utero. A woman pregnant seven months and a half was admitted into the Hôpital Beaujon for pneumonia of the apex of the right lung. The disease evolved regularly, and on the seventh day defervescence was produced. Two days after the fall of the body temperature, the patient was delivered of a child that lived five days. At the necropsy there was found distinct pneumonia of the right upper lobe accompanying fibrinous pleurisy, pericarditis, suppurating cerebro-spinal meningitis, and otitis. Bacteriological examination demonstrated the presence of pneumococci in the lung and in the blood. It was therefore concluded that this pneumonia was clearly hereditary, and not acquired, and that it had been transmitted by the mother to the fœtus. Moreover, Dr. Netter demonstrated by experimental proof this pneumonic transmission. A guinea-pig, whilst pregnant, was inoculated with a culture of pneumococci; these micro-organisms were found in the fœtus.

The Yeast of Beer as a Drug.

Dr. Herr, writing from Algiers, states that he has employed with great success the yeast of beer for the cure of scurvy. The doses were from one to three grammes in children under three years, from six to eight grammes from three to ten years, and from ten to fifteen grammes for adults, to be taken every two hours. The author also obtained good results with this remedy in the treatment of purpura, dysentery, tuberculosis, and particularly in diphtheria. He suggests that its employment would be especially efficacious against all microbian maladies, in syphilis, and in cancerous affections.

Malaria in Tonquin.

In the Archives de Médecine, Dr. H. Blanc states that at Tonquin malaria rages much more severely in the higher provinces, mountainous and wooded regions, than in the delta and in the low and marshy districts. The cause of this difference, *à priori* paradoxical, is not yet known, but it is an incontestable fact. The author, however, suggests that it may be due to the great mass of vegetable matter in a state of decomposition in the wooded and wild parts of the Red River. However that may be, the Chinese and the Annamites have a great horror of those districts, and French soldiers have often been fatally affected in this country.

Illness of Dr. Grancher.

Dr. Grancher, physician to the Children's Hospital, and one of the principal coadjutors of M. Pasteur in the anti-rabic inoculations at the Institute in the Rue Dutot, is suffering from a grave affection, which is causing some anxiety among his friends. Although still young, Dr. Grancher has always been in a very delicate state of health.

Erratum.—In my last letter, under the heading, "Dr. Schwartz's Scientific Mission," I was, by a typographical error, made to speak of a patient arriving at St. Petersburg "from Irkoutsk, in Siberia, a distance of 15,000 leagues." It should have read "1500 leagues."

Paris, April 16th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Charité.

IT is said that the Charité is to be enlarged, and also relieved of a considerable part of its present work by the establishment of a new clinical institution near the clinical hospitals in the Ziegelstrasse, not far from the University. Thus it is hoped that the Charité, a great part of which is nearly a hundred years old, may become nearly as worthy of the end of the nineteenth century as it originally was of that of the eighteenth.

Dr. von Noorden.

Professor Gerhardt's new assistant in the Charité, as successor to Dr. Friedrich Müller, who has been appointed to a professorship at Bonn, is Dr. von Noorden, hitherto private lecturer at Giessen. He took his medical degree in 1882, and his age is now thirty-one. Even as a student he began to make independent scientific investigations, and published contributions to quantitative spectral analysis, especially of the blood, in 1880. He afterwards devoted himself particularly to anatomy. Under the guidance of Professor Hensen of Kiel, he wrote an essay on the development of the labyrinth in bone fishes in 1883. Since 1884 he has occupied himself with clinical matters as assistant to Professor Riegel of Giessen. He has published observations on the effects of new medicines, such as paraldehyde and antipyrin, and essays on Bright's disease, the secretion of the gastric juice, &c.

Professor Urban.

Professor Ignaz Urban, who has been appointed keeper of the Berlin Botanical Gardens, has gained himself a name by his contributions to systematic botany. In 1873 he published an essay on the Medic genus, in 1881 a list of all the kinds of seeds described in the catalogues of botanical gardens between 1850 and 1879, and in 1883 an essay on the family of the Turneraceæ. Besides these writings, which appeared by themselves, he has contributed much to botanical periodicals. Conspicuous among these minor writings is the History of the Berlin Botanical Gardens, published in the "Year-book" of that institution in 1881. After Eichler's death Urban undertook to continue the "Flora Brasiliensis," one of the most voluminous of botanical works, the continuation of which Eichler had undertaken on the death of his teacher, Martino, in 1868. Urban's predecessors in his new office since the beginning of this century were Mayer, Willdenow, Link, Braun, and Eichler.

The German Anatomical Society.

The German Anatomical Society will meet this year in Berlin in the beginning of October. Professor Dr. von Kölliker of Würzburg will act as president, and Professor Dr. Karl Bardeleben of Jena as secretary. The Society was founded on the occasion of the assembly of naturalists here in 1886, and now numbers about two hundred members, including many eminent foreign anatomists.

Professor Wilhelm Bunsen.

Professor Wilhelm Bunsen has resigned his office as Professor of Chemistry at Heidelberg, which he has held since 1852. He began his great career as a university teacher at Göttingen in 1833, when he was only twenty-two, and lectured successively there, and at Kassel, Marburg, and Breslau. His contributions to science are too well known to need recapitulation here.

The Children's Hospital for North Berlin.

The proceeds of the concert given on the 8th inst. for the benefit of the new Children's Hospital in the north of Berlin, of which the Empress Frederick is patroness, were about £750, the largest net proceeds for a concert ever obtained in Berlin.

The late Professor Mesterton.

Professor Mesterton, teacher of surgery and midwifery, died on the 7th inst. at Lund, aged sixty-three. He was one of the best surgeons in Sweden, and did much for the improvement of medical instruction at the two Swedish universities. The hospitals of Upsala were built and furnished under his direction, and he stood at the head of two of them for many years. He was also the author of several valuable medical works.

The Society for Internal Medicine.

This Society held a general meeting this week. Professor Leyden was elected president, and Drs. Fraentzel, Gerhardt, and Ohrtmann vice-presidents.

Berlin, April 12th.

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Hospital Sunday Fund.

HOSPITAL SUNDAY is a new institution in this country. It was inaugurated but four years ago, and this year the amount collected exceeds $52,000. Of this amount the Episcopalians gave far the largest sum, and the Presbyterians the next largest. The basis of distribution is the number of "free days" which a hospital gives. Mount Sinai Hospital received the largest amount, as it reported 59,896 free days.

Quarantine Conference.

The Governor of the State of Alabama issued a call for a conference of health officials of the Gulf and Mississippi Valley States to be held at Montgomery, Alabama. The conference met on March 5th, 1889, and continued in session three days. Among the subjects of general interest discussed may be noted the following: "Under what circumstances should an epidemic be declared to exist?" After a long discussion no agreement could be reached. "Should we advise depopulation in the event of the appearance of yellow fever in any place, and, if so, how soon?" After discussion the following opinion was formulated: In the beginning of an outbreak of yellow fever there is no need of depopulation at all, except of infected houses or infected districts; persons living in infected houses or in infected districts should be encouraged to leave, but should leave only under such restrictions as will guarantee safety to the communities in which they find asylum; the inhabitants of specially infected houses or districts should be removed into camps of probation, or into vacant houses in the adjacent country. Prophylaxis consists in non-intercourse of the most rigid kind, and this, the conference decided, could be maintained even by families living in an infected district. No conclusion was reached as to the best methods of disinfection of personal baggage of fugitives, and only the ordinary disinfectants were advised for infected chambers and dwellings. The conference strongly approved of the refuges for infected ships on islands of the coast, as established by the National Board of Health. Dr. Burgess, of Havana, Cuba, read a paper in which he showed that the greatest danger of importing infection from that island was by means of smuggling schooners. The conference adopted the following resolutions in substance: That it is a duty devolving upon all nations to take measures to eradicate any plague centre from its territory; that the existence of such plague centre is a menace to all other nations; and that the State Department be requested to take measures for the conveyance of this opinion to the Governments deemed obnoxious to the opinion herein expressed.

Charity Organisation.

The organisation of charity is a new departure in the United States, worthy of notice. The organisation is a central body which aims to render the work of all special charities thoroughly useful by aiding them in the systematic and practical application of their methods to the objects of charity in the field in which they are engaged. In New York hundreds of charities were in operation before the Charity Organisation was established, and as a result they often were engaged in aiding the same person or family to the extent of five to one. The central body usually gives no aid, but is a bureau of information to all of the other societies as to the real condition of their beneficiaries. The work of this bureau has proved the vast amount of fraud which beggars have perpetrated upon the charitable of our city. In many instances families have been found living in luxury, supported by several societies. There are now upwards of thirty-five charity organisations in as many large cities. They are not all organised alike. Some give out work; others furnish a small amount of aid; but all aim to accomplish certain definite purposes. These may be stated as follows: The permanent cure of each case of need; to give prompt relief when necessary; to prevent imposition and begging; to encourage self-dependence; to elevate

home life; to prevent children from growing up paupers; to enlist volunteers in charitable work; to give the public information of the wants of the poor.

New York, March 27th, 1889.

ROME.

(FROM OUR OWN CORRESPONDENT.)

The Health of the Pope.

DR. LAPPONI, whose appointment as body-physician to Leo XIII. has been announced, finds his Holiness, I understand, in very good health, and quite equal to the rather fatiguing ordeal of the Easter ceremonies now imminent.

Proposed Health Resort on the Red Sea.

The Italian Government seem determined to retain their foothold at Massowah, and to keep themselves in readiness for whatever territorial aggrandisement in an inland direction may be favoured by circumstances. The want of good summer quarters, however, has been felt as a severe disadvantage, and attempts are being made to establish these in as accessible and satisfactory a position as possible. Asmara, a tract of hill country some eighty miles from the coast, is at present in contemplation as a resort for the garrison during the hot season, and from investigations already in progress it seems well fitted for the purpose. A line of railway would bring Massowah in about three hours into immediate communication with the Uainà-dagà region, of which Asmara forms a part—a region with an elevation of from 1600 to 2400 metres, a mean temperature of 16° to 18° C., and a soil so well peopled and fertile that it yields three crops a year. The distinguished Italian explorer, Captain Cecchi, gives further particulars of a satisfactory kind with regard to Asmara, and these are found to be in harmony with observations made by the well-known German traveller, Rohlfs, in the same region. This may be but the beginning of an enterprise which will have important effects on the civilisation of the Red Sea littoral, and of the country that slopes upward from it, and cannot fail to be watched with interest by those powers which determine the stream of traffic between the Mediterranean and the Indian Ocean.

Professor Ernst Häckel.

This illustrious biologist is now in Rome, and on the 10th inst. he paid a visit to the Laboratory of Comparative Anatomy, which is under the direction of one who for twenty years has been his friend and fellow-worker, Professor F. Gasco. As the distinguished Jena professor was leaving the building the students gathered round him, and Professor Gasco, interpreting their wish, asked him as a favour to give a lecture then and there on the "Siphonofori," his splendid monograph on which, compiled from his observations on board the *Challenger*, he had just presented to Professor Gasco. Professor Häckel assented at once, and, exhibiting from the monograph fifty superb plates designed by himself with admirable skill, he held his young audience in rapt attention as he explained, in fluent Italian, the zoological characters, the anatomical structure, and the biology generally of the interesting organisms studied by him for thirty years, not only off the Canary Islands and in the Indian Ocean, but in Italian waters off Naples, Messina, and Trieste. The improvised lecture was a brilliant success. Professor Häckel, it seems, is on the International Committee for the monument to Giordano Bruno, a Renaissance heretic and philosopher very dear to young Italy, and, as the result of his visit to the Roman University, an important place will be given him in the ceremony at which the monument will be unveiled.

Professor Adolf Strumpell.

Another guest from beyond the Alps, the well-known German clinician, Dr. Adolf Strumpell, also paid a visit to the University, and was present in the Clinica Medica during the delivery of a lecture on Malaria by Professor Guido Baccelli. The distinguished president of the Accademia Medica di Roma was in his happiest vein, and at the close of the lecture Dr. Strumpell expressed to him his high appreciation of the intellectual treat at which he had just assisted. This *rapprochement* between the German and Italian representatives of medicine, particularly in presence of the undergraduate youth of Italy, cannot fail to react for good on the less advanced of the two nationalities.

Rome, April 12th.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia of the College was held on Wednesday last, the 17th inst., Sir Andrew Clark, Bart., President, in the chair.

The President intimated that the resignation of Sir H. Pitman would take effect on May 2nd, the date of the next Comitia, and that he would submit the name of Dr. Edward Liveing to succeed Sir Henry in the office of Registrar.

A communication was read from the Colonial Office asking for information upon the incubation periods of yellow fever, cholera, and small-pox, with a view to the duration of quarantine in those diseases. The President nominated Sir Joseph Fayrer, Dr. Balfour, Dr. Cayley, Dr. Thorne Thorne, and Dr. Seaton to report on the subject.

A communication from the Provisional Committee of the International Congress on Hygiene and Statistics (London, 1891) was read, and Dr. Thorne Thorne and Dr. Ballard were nominated to serve as representatives of the College upon the committee.

The report of the special committee, appointed on Feb. 7th, on the question of the fever hospitals of the Metropolitan Asylums Board being made available for clinical study, was received and adopted. It recommended that steps should at once be taken with this object, and, without expressing an opinion as to whether the study of fever should be compulsory, the committee felt strongly that every facility and inducement should be offered to those who wish to study at the fever hospitals, and was prepared to submit a scheme to carry this into effect. The report was adopted, and the matter again referred to the committee; a motion also being carried requesting the President to seek an interview with the President of the Local Government Board on the matter.

A report from the Leprosy Committee was read. It stated that the documents forwarded by the Government on the subject of leprosy since 1887 did not contain much, if any, new information. In view of the fact that there is increasing evidence respecting the communicability of leprosy, the committee repeated "with greater urgency" the recommendation made in 1887, that the Government should institute a full and careful scientific investigation, which would entail expense and require considerable time. The adoption of the report was moved by Dr. Symes Thompson, who said that the disease was spreading very much among communities in South Africa; and seconded by Dr. Handfield Jones, who thought that the College should express more definitely its opinion of the contagiousness of the disease and the need for compulsory segregation. This view was not accepted by other speakers, but all concurred in the urgency for a thorough scientific investigation, and it was referred to the committee to draw up a statement respecting the scope of such inquiry, for submission to the Government.

A report of a committee on "Blackwater Fever" was read, adopted, and ordered to be forwarded to the Colonial Office.

Obituary.

DR. VON LAUER.

THE late Emperor William's physician in ordinary, Dr. von Lauer, died at 11.30 P.M. on the 8th inst. He entered in 1825, at the age of sixteen, the Pépinière, an establishment in Berlin for training physicians and surgeons for the army. In 1828 he was appointed one of the surgeons in the Charité, in 1830 surgeon of a company, in 1836 pensioners' physician, in 1839 staff physician, in 1843 physician of a regiment, in 1859 superior staff physician, in 1861 physician-general, in 1864 physician-general of the Guards, and in 1879 staff physician-general of the army. In 1844 he was appointed physician in ordinary to the late Emperor William, then only Prince

William of Prussia, and this position enabled him to do much for the improvement of sanitary arrangements in the Prussian army. It was due largely to him that the position of army doctors was raised, and that a special medical department was created in the Ministry of War. In 1848 he accompanied the Prussian troops to Denmark, and in 1849 to Saxony; and in 1866 and 1870–71 he accompanied the King of Prussia as physician through the Austrian and French campaigns. His chief claim to remembrance rests, indeed, on his services to the Prussian army; but his work as a medical teacher in the Pépinière is by no means to be forgotten. Helmholtz, who was one of his pupils there in the end of the thirties, reports that he exercised a determining and lasting influence on those whom he instructed, especially by his zeal in urging them to adopt the new thoughts and methods of investigation of which Johannes Müller was the foremost apostle. His influence as a medical teacher was much enhanced by his accurate knowledge of classical antiquity, which served him in good stead in the difficult task of making anatomy, physics, &c., interesting to youths fresh from the ultra-classical Prussian high schools. His contributions to medical literature were mostly made between 1836 and 1849. They contain observations in various departments of the healing art, and especially practical hints. Two later publications are worthy of special notice—viz., a popular lecture on "The Prevalent Character of the Diseases of the Present Generation" (1862), and another on "Health, Disease, and Death" (1865). In the former of these he long anticipated Nordan and Mantegazza in calling our century the nervous century. Last, not least, he superintended the publication of the great work, now nearly finished, on the Diseases of the Troops in the French Campaign.

CHARLES THOMAS CARTER, M.R.C.S.

WE regret to record the death on April 1st of the above-named surgeon at his residence at Hadley, Barnet, in his seventy-ninth year, after a short illness. Mr. Carter began his professional career as an apprentice at the Newcastle Infirmary, proceeding afterwards to London, where he entered as one of the earliest students at King's College Medical School, attending for clinical instruction the Middlesex Hospital, as the hospital of King's College was not at that time established. At the College he took a foremost place, and was the first student to receive the first prize in surgery, Professor Joseph Henry Green being his teacher. He also studied under Sir Charles Bell, Dr. Robert Ferguson, Mr. Partridge, Sir Thomas Watson, and others. Having taken his M.R.C.S. in 1834, he returned to Newcastle to practise, where, in addition to his private work, he took a keen interest in more public professional matters, and, as a memorial subsequently presented to him by his brethren in and around Newcastle stated, was "mainly instrumental in establishing" the North of England Medical Association, of which he was for some years secretary. The question of medical reform was then agitating the best minds in the profession, and he eagerly worked in that cause, and, as the secretary of the Association referred to, memorialised, and was also sent as one of a deputation to, the House of Commons to urge the cause. In 1843 he settled at Hadley, where he continued to practise till within two years of his death.

A rare modesty and simplicity of character, while it probably hindered him from figuring so largely in the medical world as his fine abilities warranted, and his career as student and subsequently as practitioner at Newcastle promised, greatly endeared Mr. Carter to all who came under his professional care or were acquainted with him socially. By patients he was beloved. By all he was held in a respect almost amounting to reverence. There could surely only have been one woe pronounced on him, and that because "all men spake well of him." In his relations with his professional brethren he was the very soul of honour, guided by no formulæ of medical etiquette, but strictly and always by the principle of his life—to do to others as he would have them do to him.

MEDICAL MISSIONS.—Dr. W. P. Mears, Professor of Anatomy at the Newcastle Medical School, has been accepted by the Church Missionary Society for service in China.

Medical News.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board on the 11th inst. in the subjects indicated:—

Anatomy only.—E. W. Brewerton, G. F. Holt, R. H. Jackson, W. H. Orr, O. W. Owles, and R. J. Rastrick, Students of St. Bartholomew's Hospital; W. D. Akers and R. D. Moore, of St. Mary's Hospital; S. R. Nicholls, J. R. Preston, H. C. Will, and G. E. Williams, of London Hospital; E. E. B. Landon, P. M. May, and S. J. Roberts, of Guy's Hospital; J. H. Busteed, of Guy's and Mr. Cooke's School of Anatomy and Physiology; F. Fawssett, F. W. Fullerton, W. J. Harper, P. Northcote, and A. G. Tribe, of St. Thomas's Hospital; John A. L. Campbell, of Westminster Hospital.

Physiology only.—J. E. Manlove, C. K. Moseley, and H. T. Parker, of St. Bartholomew's Hospital; J. C. Cook and H. W. Kendall, of Middlesex Hospital; H. S. Goodworth, H. H. Kendrick, and C. A. Wessels, of London Hospital; E. C. de Kretzer and C. B. Lourensz, of Ceylon; H. C. Perkins, of King's College; B. S. Jones, of St. Thomas's Hospital; and Thomas S. Robson, of Guy's Hospital.

Passed on the 12th inst.:—

Anatomy and Physiology.—F. P. S. Cresswell and A. M. Daldy, of Guy's Hospital; A. T. Cooper and C. B. T. Musgrave, of University College; Claude Haye, B. H. F. Leumann, and W. E. Miles, of St. Bartholomew's Hospital; A. Banks, P. C. Gabbett, C. S. Jaffé, H. E. Staddon, of St. Thomas's Hospital; H. S. Covernton, of Middlesex Hospital; H. A. Stonham, of Westminster Hospital; E. E. Blomfield, of London Hospital; H. D. Hey, R. B. Manning, and John O. Summerhayes, of St. Mary's Hospital; R. G. Turner, of St. George's Hospital.

Anatomy only.—F. Lewarne and A. W. Port, of St. Bartholomew's Hospital; G. F. J. Darker, T. W. Hicks, and C. H. Rock, of St. Thomas's Hospital; F. Roth, of St. Mary's Hospital; J. T. R. Wylie, of St. George's Hospital; T. W. Smith, of King's College.

Physiology only.—R. J. Fyffe, of London Hospital; J. Morrison, of St. Bartholomew's Hospital; and W. A. Ward, of Middlesex Hospital.

Passed on the 15th inst.:—

Anatomy and Physiology.—F. V. Bunch, A. B. Jones, and W. T. Page, of University College; H. W. Armstead, G. B. Griffiths, J. O. Harvey, and O. L. Holst, of St. Bartholomew's Hospital; C. Billson, J. H. Fisher, B. G. Heather, and J. G. Turner, of St. Thomas's Hospital; G. G. Clarke and E. W. Simmons, of St. Mary's Hospital; W. M. Palmer, of Charing-cross Hospital; T. Carwardine, of Middlesex Hospital; T. Olver, of King's College; J. C. King, of Westminster Hospital; H. C. Sargent, of London Hospital; C. C. S. Barry, of St. George's Hospital.

Anatomy only.—G. W. Buxton, of St. Bartholomew's Hospital; E. W. Adams and G. H. Longton, of King's College; J. H. Whitehead, of Charing-cross Hospital; N. E. Norway, of St. Mary's Hospital; T. E. Lloyd, of Middlesex Hospital; W. A. Hayes and W. H. Payne, of University College.

Physiology only.—E. H. Bingley, of St. Mary's Hospital; R. L. Romer, of St. George's Hospital; and A. T. Wysard, of St. Thomas's Hospital.

Passed on the 16th inst.:—

Anatomy and Physiology.—H. A. Ballance, F. W. Bartlett, R. C. Bartlett, and E. W. Selby, of University College; H. G. Waters and W. L. Wainwright, of St. Thomas's Hospital; H. O. Davies and H. Rochfort-Brown, of St. Bartholomew's Hospital; H. R. Bowtell, A. W. W. Hoffman, and J. P. Oliver, of Charing-cross Hospital; E. A. Nathan, of St. Mary's Hospital; T. Warner, of King's College; and G. Pires, of Bombay and University College.

Anatomy only.—H. Arathoon, R. J. Hillier, and H. Thomas, of St. Bartholomew's Hospital; F. B. Rockstro and H. D. Senior, of Charing-cross Hospital; E. Y. Watson, of St. Thomas's Hospital.

Physiology only.—W. B. Jones and A. F. H. Wray, of St. Bartholomew's Hospital; W. A. Stephenson, of Charing-cross Hospital; and Edwin Sly, of King's College.

UNIVERSITY OF GLASGOW.—The following gentlemen have passed the Third Professional Examination in Medicine, including, in the cases marked with asterisks, the subject of Pathology:—

Alexander Andrew, *Arthur Arnold Beale, Robert Bell, *Thos. Kerr Bell, James Wood Boyd, John Adam Boyd, Arthur Herbert Browne, Robert Brownridge, Mungo Bryson, James Spittal Buchanan, John Calderwood, James Dick Campbell, *Herbert Cane, *James Caskie, William Clark, *John Cunningham, James Fisher, Laurence Fraser, *John Galloway, *William Gemmell, Harry Wernicke Gentles, *Malcolm Gillies, Albert Alexander Gray, *John Hardie, Charles Archibald Henderson, Walter King Hunter, John Harries Jones, Robert Kennedy, M.A., B.Sc.; Daniel Kerr, Hugh Lang, Peter L. Lawrence, David Lloyd, James Paul Low, *Thomas Milbourne Martin, James Nelson Matthews, *Robert Millar, M.A.; *Andrew Ronald Mitchell, *Alexander C. Morrison, Robt. Alexander Morton, David Muir, Donald Murray, Robert Fergusson Macarthur, Colin M'Culloch Macaulay, M.A.; Archibald M. G. Macdonald, John M'Fadyen, James Paterson MacLaren, M.A.; Robt. Nicol, William Harrop Parry, *William Finlay Paton, M.A.; *Alexander Patterson, James Andrew Neptune Scott, Alexander Shiels, Alexander Smyth, Robert Stevenson, James Swanson, M.A.; Arthur William Taylor, Sholto D. Thomson, *Wm. R. Kemlo Watson, M.A.; W. E. Williams, James Rashid Wortabet, James John Taylor Young.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Court of Examiners, held on the 12th inst., the following gentleman was admitted a Fellow of the College:—

Henry James Wyatt, Surgeon Medical Staff.

COLLEGE OF PHYSICIANS IN IRELAND.—At the April examinations the following gentlemen obtained licences in Medicine and Midwifery of the College:—

Medicine.—Thomas Beard, Joseph Wallace Boyce, James Craig, Joseph Patrick Daly, Ninian Falkiner, Frederick William Kidd, Thomas H. Torney.

Midwifery.—Thomas Beard, Joseph Patrick Daly, Frederick William Kidd, James McMaster.

MEDICAL MAGISTRATE.—Mr. Joshua Powell, M.R.C.S., L.S.A., Newcastle Emlyn, has been placed on the Commission of the Peace for Cardiganshire.

NEW WORKHOUSE INFIRMARY, COVENTRY.—The foundation stone of the new infirmary was laid on the 4th inst. by the chairman of the board of guardians, Mr. T. G. Beamish. The building will accommodate 120 beds, and the estimated cost is about £6000.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At a meeting of this Society, held on April 5th, the following resolution was passed: "That this Society sympathises with the Members of the College in their desire to have a share in the administration of the College."

ISOLATION HOSPITAL AT TOLWORTH, SURREY.—This Hospital, erected by the Kingston Rural Sanitary Authority, was formally opened on the 6th inst. It is intended for the reception of all persons suffering from epidemic infectious diseases resident within the area of the jurisdiction of the sanitary authority.

CREMATION.—The remains of the Marquis of Ely, who died somewhat suddenly at Nice on the 3rd inst., were cremated on the 13th inst. at Woking, in accordance with the wishes of the deceased nobleman. The ashes of the deceased were carefully placed in a Doulton urn, which was enclosed in an oak case and taken to London.

MEDICAL GUARDIANS.—In the recent election of Poor-law guardians for the Fulham and Hammersmith Union there were three medical men elected, one for Hammersmith and two for Fulham—namely, Owen Coker, L.R.C.P. Lond., L.S.A. Lond., for Hammersmith, and C. J. Barry, L.K.Q.C.P.I., L.R.C.S.I., L.M., and H. Havilland Roe, M.R.C.S., L.S.A. Lond., for Fulham.

THE NORFOLK AND NORWICH HOSPITAL.—The annual statement for 1888 shows that the number of in-patients in hospital on the last day of the year was 1354, as against 1352 in 1887. The average number of days during which each patient remained in the hospital was 35¾, and the average cost of each patient per week £1 1*s.* 8*d.* The munificent gift of Mr. Cadge to the funds of the hospital is referred to in another column.

HASTINGS HEALTH CONGRESS.—In connexion with this Congress, the Mayor of Hastings will on Monday, the 29th inst., open the Domestic and Sanitary Exhibition to be held in the Central Recreation Ground. The sittings of the Congress will, as announced in our impression of April 6th, commence on the following evening, when the opening address will be delivered by the President, Dr. B. W. Richardson, F.R.S., who will also give an address to working classes at the conclusion of the Congress on May 4th.

FOOTBALL CASUALTIES.—In the semi-final recently played at Failsworth, of the *Athletic Journal* Cup, between Blackley against the Newton Heath Clubs, a man named Radford had his collar-bone broken. This was the third time such an accident had happened to him.—During a football match at Leyland, near Preston, on Saturday last, between the Leyland and Coppull clubs, a dispute arose after the match in reference to the decision of Thomas Mawdsley, the referee, allowing a goal to the Coppull club. A Leyland player knocked the referee down and kicked him in the breast, causing his death shortly afterwards.

THE DISHORNING OF CATTLE.—In the Queen's Bench Division, on Tuesday, the case of Ford *v.* Wiley was argued before the Lord Chief Justice and Mr. Justice Hawkins. Appellant, who is in the employ of the Society for the Prevention of Cruelty to Animals, appealed against a refusal of the Norfolk magistrates to convict the respondent, a farmer, under 12 and 13 Vict., chap. 92, for dishorning several oxen. The Court declared that they had most clearly and distinctly decided to give judgment reversing the decision of the Norfolk magistrates, and declaring the practice of dishorning to be unlawful. They would give their judgment and reasons in writing next term.

UNIVERSITY OF LONDON.—The next half-yearly examination for matriculation in this University will commence on Monday, June 10th, 1889. Candidates would do well to note that the June examination is, in the present and future years, to be held a week earlier than heretofore.

SUNDERLAND INFIRMARY: DISTRESSING ACCIDENT.—On Wednesday afternoon last, as Lord Hartington, Mr. James Laing, the ex-Mayor, a large number of ladies and gentlemen, and the governors and staff of the Sunderland Infirmary were standing on the platform preparatory to the laying of the memorial stone of the new James Hartley wing, the platform collapsed. As a result, the ex-Mayoress had her leg fractured in two places. Another lady and two gentlemen sustained sprained ankles, and were at once attended to in the infirmary. Beyond the shock and a few slight bruises there were no other casualties to report.

WIGAN MEDICAL SOCIETY.—At the ordinary meeting of this Society, held in the board-room of the Royal Albert Edward Infirmary, Wigan, on Thursday, the 11th inst., Mr. Hardie, F.R.C.S. Eng., Surgeon to the Manchester Royal Infirmary, gave an able and instructive lecture on Plastic Surgery, illustrated by numerous photographs. There was a good attendance of members and the lecture was highly appreciated. At the same meeting the following resolution was submitted by the President and carried *nem. con.*:—"That this Society cordially approves of the Bill about to be presented to Parliament by which it is proposed to restore to the Members of the College of Surgeons a free and unrestricted exercise of their ancient rights and privileges."

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION. The members of this school amount now to nearly 100. On the 11th inst. there was an interesting lecture to the officers' class, by Surgeon Pearce, on the Organisation and *Personnel* of Bearer Companies and the Management of Dressing Stations. The lecturer illustrated the equipment of bearer companies and field hospitals by showing and carefully describing the contents of the surgical haversack, field medical companion, field medical pannier, and the field fracture-box. The construction of cacolets was also demonstrated. For the convenience of those officers who were unable to be present, these details of equipment will again be demonstrated on the occasion of the next lecture, which takes place on Thursday, April 25th, at the "Artists" Headquarters, Duke's-road, Euston-road, W.C. Surgeon-Pearce was examined at some length last week by the Royal Commission sitting to inquire into the condition of the Army and Naval Medical Departments. The Hon. Secretary is Mr. R. Reginald Sleman, 7, St. Benet's-place, Gracechurch-street, E.C.

MEDICAL NOTES IN PARLIAMENT.

Insanitary Barracks.

IN the House of Commons on Friday, the 12th inst., Colonel Cotton asked the Secretary of State for War whether his attention had been called to a case of typhoid fever among the officers now quartered in the Gun Wharf Barracks, Portsmouth; whether those barracks had been for some years condemned as unfit for officers and soldiers to be quartered in; and whether he would investigate the case and take steps to have the sanitary arrangements amended.—Mr. E. Stanhope: Unfortunately it is true that Lieutenant Desborough, R.A., has been removed from the Gun Wharf Barracks at Portsmouth suffering from typhoid fever. These barracks have never been condemned, but they are not in such a state of sanitary repair as modern ideas demand. We will do what is immediately possible to remedy it. Some other barracks in the United Kingdom are in an equally bad condition, and the whole question of barracks has, for some time past, been receiving my most serious consideration. As I have already stated, I hope to make proposals to the House this session dealing with the whole question.

Defective Vision.

Dr. Farquharson gave notice that on May 14th he would move a resolution in favour of medical inspection of public elementary schools, in order to prevent short-sight and other defects encouraged by our present system of compulsory education.

Medical Men and the Inhabited House Duty.

Lord Henry Bruce called attention to the laws relating to the inhabited house duty, which now was 9*d.* in the pound, and yielded £1,933,000. He urged the abolition of the duty, the deficiency thereby created to be met by the imposition of 1*d.* in the pound on the Income Tax.—Sir W. Guyer Hunter remarked that the inhabited house duty had been protested against by almost every class of Her Majesty's subjects. It fell particularly heavily on the medical profession, because wherever a medical man had a surgery in connexion with his house he had to pay at the rate of 9*d.* in the pound, instead of 6*d.*—Mr. Jackson, Secretary to the Treasury, said that there were one or two strong objections to the abolition of this tax. He did not deny that there

were anomalies in connexion with the tax, which he hoped in some future year would be dealt with. The question had been several times under notice, and he could assure the House it would not be lost sight of.

Children in Theatres.

On Monday, the 15th, Mr. Matthews informed Mr. S. Smith that the question of the employment of young children in theatres was still under consideration, and he was unable to announce what course the Government would take.

The Budget.

Mr. Goschen made his annual Budget statement, in the course of which he said that the consumption of cocoa showed a marked advance, yielding by way of revenue £6000 more than before, whilst the intoxicating drink revenue did not increase with the growth of population, the fall in the consumption of spirituous drinks being material and striking. The receipts from British spirits were £151,000 below last year, and £113,000 less than the estimates. Beer, on the other hand, yielded £60,000 above last year, and £61,000 above the estimates. The usual Budget resolutions were agreed to.

Scarlatina at Roundstone.

On Tuesday, the 16th, in answer to Mr. Foley, the Solicitor-General for Ireland said the Commissioners of National Education report that they understand there have been some cases of scarlatina in some of the villages in the district of Roundstone. The Local Government Board have up to the present not received any notification in the matter, but will make inquiry. The guardians of the union, however, have, as the sanitary authority, full power in themselves to have houses disinfected, and to obtain lime for the purpose from any place which the necessities of the case may require.

The Outbreak of Small-pox at Sheffield.

Mr. Rowntree asked the President of the Local Government Board whether, in view of the great importance of the subject treated of, the Government would furnish a copy of Dr. Barry's report on the outbreak of small-pox at Sheffield to the medical officers of health throughout the country.—Mr. Ritchie: The Board cannot undertake to supply all the medical officers of health throughout the country with copies of the report referred to; but they are in communication with the Treasury with a view to a number of copies being placed at the Board's disposal for the purpose of distributing them among those persons who have rendered assistance in the inquiry, or to whom the report will be of chief value.

Both Houses have adjourned for the Easter holidays, the Lords until Tuesday, the 30th, and the Commons until Monday, the 29th inst.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ALLEN, W. C., L.R.C.P., L.M.Edin., M.R.C.S., has been reappointed Medical Officer of Willington Union District.

ANDREWES, FREDK. W., M.A., M.B.Oxon., M.R.C.S., has been appointed Assistant Physician for Out-patients to the Royal Free Hospital, vice Dr. Cockell, resigned.

BLAKDER, T. F. J., M.R.C.S., L.S.A., has been appointed Medical Officer of the First A District, Steying Union.

CARTER, D'ARCY B., M.R.C.S., L.R.C.P., has been appointed Medical Officer to the Woodhouse Grove School, Apperley Bridge.

CORNISH, VAUGHAN, has been appointed Analyst of the Borough of Newcastle-under-Lyme.

CUSSEN, THOS., L.R.C.P., L.R.C.S.Edin., has been appointed Medical Officer of the Hedgerley District, Eton Union.

DAVIES, D. S., M.B., L.R.C.P.Lond., M.R.C.S., has been reappointed Medical Officer of Health for the Bristol Union District and Port.

FEGEN, C. M., M.R.C.S., L.R.C.P., L.M., has been appointed Medical Officer and Public Vaccinator for the Brandon District of the Thetford Union.

FOLKES, F. H., M.R.C.S., L.R.C.P., L.S.A., has been appointed Medical Officer to the Salford District of the Salford Royal Hospital.

GOODFELLOW, T. A., M.R.C.S., L.R.C.P.Lond., has been appointed Junior Resident House Surgeon to the Salford Royal Hospital.

GREENWOOD, E. CLIMSON, L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Marylebone Almshouses.

GUNNING, J. S., L.R.C.P.Edin., L.R.C.S., L.A.H.Irel., has been appointed Medical Officer to the Enniskillen Workhouse Infirmary.

HEAVEN, J. C., L.R.C.P.Lond., M.R.C.S., has been reappointed Assistant Medical Officer of Health of Bristol Port.

JOHNSTONE, THOMAS, M.D., M.R.C.P., has been appointed Medical Officer of Health for the Township of Ilkley.

LEGGE, W. H., M.R.C.S., L.S.A., has been appointed Medical Officer of the Second District, Chailey Union, Sussex.

LITTLETON, P. R., M.R.C.S., has been reappointed Medical Officer of the Ashbourne Rural and Union Districts.

LUND, THEODOR, M.B., B.S. Dur., has been appointed House Surgeon to the Royal Infirmary, Newcastle-on-Tyne.

ROBINSON, F. G., M.B.Vict., M.R.C.S., L.R.C.P.Lond., has been appointed Medical Officer to the Broughton District of the Salford Royal Hospital.

SERS, R. H., M.R.C.S., L.S.A., has been reappointed Medical Officer for the Calverton District, Basford Union.

SMITH, G. W., M.R.C.S., L.S.A., has been reappointed Medical Officer for the Gotham District, Basford Union.

SMITH, H. S., M.R.C.S., L.S.A., has been appointed Medical Officer of the Stokenham District, Kingsbridge Union.

WINN, JOHN, L.K.Q.C.P., L.M., L.R.C.S.Irel., has been reappointed Medical Officer for the Fylde Rural District.

WOODROFFE, A. W., M.D.Dub., M.B., L.R.C.S.Irel., has been appointed Medical Officer of the Luddington District Goole Union.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon.

BOROUGH OF BLACKBURN.—Medical Officer of Health, and Surgeon to the Police Force and Fire Brigades. Salary £500 per annum net. The Corporation provides drugs, appliances, &c.

CLINICAL HOSPITAL FOR WOMEN AND CHILDREN, Park-place, Manchester.—House Surgeon. Salary £80 per annum, with apartments and board.

COUNTY BOROUGH OF SALFORD.—Medical Officer of Health. Salary £500 per annum.

DENBIGHSHIRE INFIRMARY, Denbigh.—House Surgeon. Salary to commence at £85 per annum, with board, residence, and washing in the house.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway-road, N.—House Physician. Salary £50 per annum, with board and lodging in the hospital.

MIDDLESEX HOSPITAL, W.—Medical Registrar.

PUBLIC DISPENSARY, 59, Stanhope-street, Clare-market.—Resident Medical Officer. Salary £105 per annum, with furnished apartments, coals, and gas.

ROTHERHAM HOSPITAL.—Resident House Surgeon. Salary £100 per annum, with board, furnished apartments, and washing.

SMEDLEY'S HYDROPATHIC ESTABLISHMENT, Matlock.—Salary, with board, first year, 100 guineas; second year, £200.

WESTERN GENERAL DISPENSARY, Marylebone-road.—Junior House Surgeon. Salary £75 per annum, with furnished apartments, coals, gas, and attendance, but no board.

WILLESDEN LOCAL BOARD.—Medical Officer for the district of Willesden, at a salary of £100 per annum.

Births, Marriages, and Deaths.

BIRTHS.

CHAPMAN.—On the 12th inst., at Cheam, Surrey, the wife of Dr. C. W. Chapman, formerly of Goldhawk-road, of a son.

DASHWOOD.—On the 12th inst., at Croom's-hill, Greenwich, the wife of Edmund S. Dashwood, M.R.C.S., of a son.

EVANS.—On the 14th inst., at Castle Hill House, Shaftesbury, the wife of C. S. Evans, M.A., M.B., of a son.

GRAHAM.—On the 26th Feb., at Bindjey, Sumatra, the wife of John Campbell Graham, M.D., of a daughter.

HUME.—On the 12th inst., at Sutton-place, Hackney, the wife of Walter A. Hume, M.R.C.S., L.S.A., of a son.

MASTERS.—On the 15th inst., at Rotherfield, Sussex, the wife of A. T. Masters, Surgeon, &c., of a daughter.

SCATLIFF.—On the 13th inst., at St. Elmo, Underhill-road, Lordship-lane, S.E., the wife of Philip Melancthon Scatliff, L.R.C.P.L., M.R.C.S., of a son.

THORBURN.—On the 11th inst., at Rusholme Lodge, Rusholme, Manchester, the wife of William Thorburn, F.R.C.S., of a son.

VOELCKER.—On the 11th inst., at West Kensington, the wife of Dr. J. A. Voelcker, of a daughter.

WISE.—On the 8th inst., at Dunheved, Walthamstow, the wife of C. H. Wise, M.D., of a daughter.

MARRIAGES.

BARNES—AMBLER.—On the 20th ult., at St. Paul's Church, Barbados Walter Stanley Barnes, M.D., Public Asylum, Berbice, son of F. Kynaston Barnes, late Surveyor of Dockyards and Chief Constructer, Admiralty, to Florence Maud, youngest daughter of the late T. B. Ambler, Esq., Hornsey-rise.

CUNINGHAM—MACREDIE.—On the 11th inst., at St. Stephen's, South Kensington, Surgeon-General Cuningham, C.S.I. (retired), to Georgina, fourth daughter of the late Robert Reid Macredie.

KIDD—OLDHAM.—On the 11th inst., at St. Stephen's Church, Dublin, Leonard Kidd, M.D., Enniskillen, fourth son of the late Frederick William Kidd, Dundalk, to Margaret Blanche (Daisy), third daughter of the late Samuel B. Oldham, of Upper Baggot-street, Dublin.

DEATHS.

DEWES.—On the 11th inst., at Montreux, Edward Dewes, M.D., late of Armathwaite, Bournemouth.

FREEMAN.—On the 12th inst., at Harborne, Birmingham, James Freeman, M.D. Erlang., in his 73rd year.

PALMER.—On the 10th inst., of tubercular disease, Thomas Frederick Barton Palmer, M.R.C.S., younger son of James Edwin Palmer, Peterborough, aged 32.

SHURLOCK.—On the 14th inst., at Jermyn-street, St. James's, William Shurlock, Surgeon-Major, late of the Bengal Medical Establishment, youngest son of the late Robert Shurlock, of Farnham and Stoke-next-Guildford, in his 73rd year.

SMITH.—On the 9th inst., John Gordon Smith, M.D., F.R.C.S. Edin., of Dalgowan, New Galloway, N.B., and late of 118, Newington-causeway, London, S.E.

WOOD.—On the 5th inst., at Worlebury, Weston-super-Mare, after a long and severe illness, Nathaniel Stenson Wood, M.D., aged 71.

WOODS.—On the 15th inst., at Church-street, Southport, George Woods, F.R.C.S. Eng., aged 72.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, April 17th, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Apl. 11	29·50	E.	40	40	70	48	30	·33	Raining
,, 12	29·61	S.E.	45	44	81	53	40	·04	Overcast
,, 13	29·71	N.E.	42	41	63	49	40	·07	Overcast
,, 14	29·73	N.E.	42	40	53	46	39	·11	Raining
,, 15	29·95	N.E.	41	39	84	49	39	·05	Overcast
,, 16	29·98	N.E.	43	39	85	51	37	..	Overcast
,, 17	29·96	N.	46	44	78	54	42	..	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

HOSPITAL SERVICE AT THE ANTIPODES.

Mr. H. A. de Lautour (Ohmaru).—There are cottage hospitals with a limited number of beds in various parts of the United Kingdom, without any house-surgeon, and attended by the medical men of the town or district, each being responsible for his own patients. The condition of things which obtains at the hospital of which our correspondent writes is unknown here. It would be a better arrangement if the medical men would come to some agreement with regard to the treatment of the patients, who would thus be under greater security as regards help in emergency than when only able to call upon one man for aid, and that man non-resident. They would probably prefer to work without remuneration, rather than accept as payment for their services the sum which would be available from the funds of the hospital.

Mr. G. E. Walker.—We shall have pleasure in receiving the paper and in giving it due consideration.

Mr. Donald (Glasgow) should consult a registered medical practitioner.

FRIENDLY SOCIETIES AND MEDICAL ASSOCIATION AT ASHFORD.

To the Editors of THE LANCET.

SIRS,—I am pleased that at last someone has had the courage to show how the so-called "friendly societies" treat medical men; "Nemo's" experience is by no means singular. We have two in Ashford—one calling itself the Ashford Friendly Societies' and Public Medical Association; the other, the Ashford New Medical Aid. As a specimen of how such concerns are worked, I beg to enclose you a bill which has lately been distributed from house to house, with a request to put it in the window, by the former. But the most deplorable fact in connexion with this is that the medical officer of this bill-distributing association, who certainly has the advantage of an unqualified assistant, is own nephew of a leading member of the Council of the Royal College of Surgeons of England, and bears the same illustrious name—a fact which, we may be sure, will be made capital out of by the committee of the association in seeking new members. Hoping you will find room for this in your valuable journal,

I am, Sirs, yours faithfully,

April, 1889. CONSTANT READER.

*** We regret we cannot find room for the bill forwarded to us. It is certainly not a creditable production. All ills that flesh is heir to are advised to betake themselves to the Surgery, 2, New Rents, as if some special providence resided there that could not yet recognised without posters and hand-bills.—ED. L.

VENTILATION OF LIBRARIES.

Dr. Harry Campbell, writing on this subject, remarks: "I wish to call renewed attention to the bad ventilation of our great national library. A library needs quite as much ventilation as a bedroom. The porous books absorb the impurities of the atmosphere as a sponge absorbs water. Piles of books, moreover, afford a multitude of crevices and crannies where impure air can stagnate. A banquet was held in one of our large libraries a little while ago; and although the windows were subsequently kept open day and night, I could detect what I may term the 'dinner smell' in this library for more than a week afterwards. So impure is the air in the library of the British Museum, and so serious its effect upon myself, that I am practically debarred from reading there. On the other hand, at the College of Surgeons' library I can read for hours together without discomfort. But on one occasion I noticed at this library exactly the same ill effects as I always experience when reading at the British Museum; and on mentioning the fact to one of the attendants, he frankly acknowledged that the opening of the windows had, through oversight, been somewhat neglected. Here we have a positive proof, if such be needed, that the evil effects of which I have spoken are due to imperfect ventilation. It is, however, not for myself that I am writing, but on behalf of the intellectually toiling multitude who daily congregate under the great dome, and most of whom earn a slender livelihood by literary hack work. Theirs is no mere mechanical work. It is a work of thought; a work of brains. How can we expect this wonderful organ to carry on its functions aright when it is soaked in an impure plasma? And how can the blood plasma of a man be otherwise than impure if he spends many hours together in an impure atmosphere? It is not from the poisonous exhalations of the body that the subtle essence of thought can be distilled."

T. D. S. could no doubt obtain the information he desires by writing to the Registrar of the Crown Agents for the Colonies, J. Chadwick, Esq., Downing-street, S.W.

Herr Henser (Neuwied a. Rhein).—We cannot exchange.

A TEMPTING OFFER TO MEDICAL MEN.

To the Editors of THE LANCET.

SIRS,—I enclose you a sample of the tempting offers made to our profession. I am, Sirs, yours faithfully,

Lincoln, March 4th, 1889. S. M. LOWE, M.D.

"Royal Liver Friendly Society,
"Chief Offices, Prescott-st., Liverpool, Feb. 28th, 1889.

"DEAR SIR,—We have at present a vacancy for a medical officer in your locality, and are prepared to take into consideration your appointment on receipt of an intimation from you that you are willing to act for us on our terms, which are 2*s.* 6*d.* for each examination you make, irrespective of the amount of assurance, which in no case will exceed £200. We await the favour of your reply.

"By order of the Committee of Management.
"F. H. TAUNTON, Secretary.

"Dr. S. Lowe, 2, Cornhill, and Eastgate House, Lincoln."

THE DEGRADATION OF MEDICAL SERVICE.—THE SHEERNESS MEDICAL SOCIETY.

Indignant writes to us another account of this society and its discreditable attempts to degrade medical service. Our correspondent sends us a leaflet, which is distributed indiscriminately among the patients of other medical men, and alleges that there are on the books well-to-do shopkeepers and others amply able to pay for medical attendance, who receive the best medical attendance "for their 2*d.* a month." The name of a medical man who is a university graduate is freely used in this leaflet. We hope that he does not approve such proceedings. If university graduates do not uphold the art and practice of medicine, who is to be held guilty for not doing so?

J. H. S. asks if any of our readers can inform him where a rickety boy, aged seven, of defective intelligence, dumb (not deaf), can be placed for educational purposes. The parents are able to pay a small yearly sum towards his maintenance.

M.B., C.M.—Probably no inquiry would be made on the subject.

REMITTENT CRAMP.

To the Editors of THE LANCET.

SIRS,—I should be very grateful to have the benefit of the opinion of your readers on the following case.

A labouring man has for two years been suffering from painful cramp of the biceps (left leg). The spasm does not appear till the man has been at work (hedging &c.) for a few hours, but it renders the rest of the day intolerable. He has tried every liniment under the sun. I have given the usual remedies, and tried antipyrin, &c. He is well in other respects; no worms, piles, or rheumatism. I am anxious to relieve him, as he has a family dependent on him. He has been in a hydropathic establishment. I remain, Sirs, yours faithfully,

Abergavenny, April 12th, 1889. LESLIE THAIN.

RUSSIAN PRECAUTIONS AGAINST POISONING BY POWERFUL DISINFECTANTS.

THE Russian Medical Department has just issued an important order relating to the sale of powerful disinfecting agents, with the view of guarding against accidental poisoning by these substances, several cases of which have recently occurred. The order provides that such powerful substances as corrosive sublimate, carbolic acid, iodide of mercury, and other dangerous substances may only be sold in ovoid bottles, which must bear a label, on which must be placed in large letters in the vernacular the ordinary name of the substance and a notice that it must be used with caution, the label to be in the form of a spiral. The same precaution must be observed with regard to any new substance of a powerful and dangerous character which may in the future be brought into use for disinfecting purposes, but such will be the subject of further circulars. With regard to poisonous disinfectants which may be sold in the form of powder, the order provides that the wrapper must be of a bright-red colour, which colour must not be employed for wrappers of any other class of substances, and that there must be a label similar to that required for the bottles, as mentioned above.

Subscriber.—Huth's "Marriage of Near Kin," published by Longmans.

F. J. L. has not enclosed his card.

DYING DEPOSITIONS AS EVIDENCE.

To the Editors of THE LANCET.

SIRS,—A few days ago (on April 8th) the sentence of death was carried into effect on a man in Kilmainham Gaol, Dublin, almost the sole evidence of whose guilt depended on the dying declaration of a murdered man through gunshot wounds. The executed man protested his innocence to the last. Scarcely a year passes without similar examples occurring, and the expression left on the public mind is not salutary. A great many persons do not believe that the executed man was guilty, do not believe that the execution was justified, and do not consider therefore that such legal courses have the expected atoning and deterrent results. There are not many widely spread popular traditions without some tangible or comprehensible basis. The foundations of them are worthy of investigation at the least. Are there some dying depositions reliable as evidence? And how should they be appraised? It is some years since I endeavoured to draw the attention of the judicial profession—of medical jurists especially—to this most important subject. Are most dying declarations unreliable evidence, and how may we differentiate them? Well, assuredly the conditions which would vitiate a will, if present, ought to vitiate evidence against the life or liberty of an individual. If a human being be aboulic, or without resolution, discretion, and understanding, his testimony is not reliable. If suffering from extreme nervous exhaustion through terror or otherwise; if cold to the touch, bathed with clammy perspiration, eyes sunken, hands and feet chilled, with thermometer about 89° in palms and below 97° in armpit or axilla, breathing irregular and diaphragmatic, or intermittently stertorous, lips flabby, and muscles of face twitching—his statements are unreliable as evidence. The pulse alters much between the dependent and the elevated in the aboulic. I have known this condition for days precede death from cholera. I have seen it induced by hæmorrhage, by severe diarrhœa, and by serous effusion in the brain. I have known it before death by poisoning. The last subject which entertained the cerebrum and mind in health dominates them in the aboulic stage; the patient has no power to reason it out by comparisons, nor has he the capacity to reject any pronouncement suggested to him.

What practitioner has not witnessed the fond parent delude himself with the fancy that he was carrying on a conversation of serious moment with a loved child as the soul was being loosened from its fastenings in this world and the mind was entranced in the aboulic stage by zymotic disease or meningitis? Who has not known a faithful offspring who has treasured the last words of a dying parent as possessing paramount wisdom and matured decision on some momentous concern? Yet these episodes are merely the outcome of the aboulic state, and such declarations are not reliable evidence. Depositions are not reliable evidence; identifications are not infallible; and the sooner medical jurists insist on the alteration of the position and the value of such testimonies, the better it will be for society and for mankind.

I am, Sirs, yours truly,

JOHN ROCHE, M.D., D.Sc.,
Kingstown, April 10th, 1889. Retired, Indian Medical Service.

PROFESSIONAL COURTESY.

To the Editors of THE LANCET.

SIRS,—A medical practitioner comes into a town, puts up a brass plate with "M.B., C.M.," and a red lamp with "Surgeon" upon it, and no introduction to the place. Should he be recognised by the profession generally in the town?

I am, Sirs, yours truly,
April 15th, 1889. A. R.

*** Undoubtedly. The colour of a man's lamp, very much as that of his tie, is a matter of taste. But, surely, a qualified medical man must be supposed to be entitled to all the courtesies of the profession everywhere.—ED. L.

THE PATHOLOGY OF THE EAR IN CRIMINALS.

DR. GRADENIGO lately communicated to the Royal Medical Academy of Turin a paper embodying his observations on the ears of eighty-two male and twenty-eight female convicts. These subjects he found more liable to aural disease than non-criminals, and the males more frequently than the females. Quickness of hearing, at least with one ear, is, on the average, low among them, and this is mainly due to inflammations of the middle ear. In a fifth of the patients diminution of hearing was caused by degeneration of the organ itself. Dr. Gradenigo found no constant relation between the obtuseness of touch, taste, and smell, so frequent in convicts, and the sharpness of eyesight which has been ascribed to them.

Enquirer.—An unqualified person could not obtain the present degree of Pennsylvania without a three years' course of medical study. There were such things as "bogus" degrees in Philadelphia; and it would not be uncharitable to assume that any degree got by an unqualified person in England from that quarter is a bogus one, and obtained by purchase. The proof we must leave to those acquainted with the details of the particular case. The issue of bogus degrees in Philadelphia was such a scandal that the Charter of the University of Philadelphia was withdrawn.

THE letter of *Dr. Corfield* arrived too late for insertion in our present issue.

Mr. Humphreys (Haverstock-hill).—Yes, in an early number.

"ERRORS IN THE MEDICAL REGISTER."

To the Editors of THE LANCET.

SIRS,—Permit me to correct some of the misstatements of "M.D., M.R.C.P.," published in your last issue, or they will be productive of much harm to many in the profession.

The Medical Act of 1858, as stated in its preamble, was passed for the purpose of enabling the public to distinguish qualified from unqualified persons, and not to enable men to hold appointments, and to recover their professional charges. These rights they possessed before the passing of the Act. The Act, therefore, was a disqualifying measure, for it deprived the profession of these privileges. Thanks to the leaders of the British Medical Association, the Act simply blackmailed the profession.

Men holding unregistered qualifications are practically on a par with quack practitioners so far as the inconveniences of practice are concerned. They can do what the quack does, but no more. Legally, they cannot fill up the usual form of death certificates, nor vaccination certificates, nor of any certificate required by any Act of Parliament. If they filled up any lunacy certificate they would most assuredly be mercilessly prosecuted by the Lunacy Commissioners. It is simply cruel to tell young medical men that "no qualified practitioner is bound to register," and that "if not registered he is amenable only to the College whence he obtained his diploma." Practically, he is bound to register, and in failing to do so he is *not* "amenable to his College."

Evidently some of the unpleasant prosecutions by the Alliance Association have not enlightened your correspondent, or he would not have written such monstrous nonsense. I would strongly advise your correspondent to study Clauses 34, 36, and 37 of the Medical Act, and to observe how widely they apply to unregistered though otherwise qualified practitioners.

I am, Sirs, yours faithfully,
Stockwell-road, April 16th, 1889. R. H. S. CARPENTER.

TEST FOR THE FRESHNESS OF EGGS.

To the Editors of THE LANCET.

SIRS,—Kindly permit me a short space in your valuable columns to insert a few words on this point which is of interest alike to the hygienist, cook, and nurse in dieting the sick. I have lately observed that when a perfectly fresh egg is placed to one's ear and violently agitated no sound is elicited; but, on the other hand, if the egg is at all stale, a knocking sound is heard, as if the contents were not sufficient to fill the shell. The staler the egg the greater is the oscillation and the sound generated. This test will be found to be an infallible one, as I have tried it in all instances lately, and now depend on it in the selection of eggs.

I am, Sirs, yours faithfully,
Edgware-road, W., April 4th, 1889. DAVID G. EVANS, M.D.

MEDICAL ADVERTISING.

To the Editors of THE LANCET.

SIRS,—In these days, when any attempt on the part of a poor general practitioner to make himself known is looked upon as a crime almost meriting the full penalty of the law—at all events, social extinction; when to keep a dispensary for small fees is considered by some as lowering to the dignity of the profession, however much it may meet a local want—can it be true that at some of the special hospitals in London at which the card system is in use for out-patients the card bears in addition to the name of the doctor his full address, for the information of those patients who, disliking a crowded out-patient room on closer acquaintance, may be able to squeeze together sufficient to induce the specialist to see them at his house? This is said to be so.

I am, Sirs, yours anxiously,
April, 1889. Q.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following are the questions submitted to candidates at the recent Examination for the Licence (Third Part or Final):—

Principles and Practice of Surgery.

1. Describe the symptoms of acute necrosis, and give in detail the manner in which the separation of the dead bone occurs. 2. Give the pathology, symptoms, and treatment of a case of lateral curvature of the spine in a young subject. 3. Under what circumstances, in the case of wounds, is tetanus likely to occur? Describe its early symptoms, progress, and termination. What treatment would you adopt? 4. What methods would you adopt for the reduction of a dislocation of the humerus of some weeks' standing? 5. Describe the symptoms and treatment of a case of senile gangrene. 6. Give the pathology of rickets, the early and the later symptoms, and the treatment.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Thorold Rogers, Oxford; Mr. J. Startin, London; Mr. Lawson Tait, Birmingham; Mr. R. H. S. Carpenter, London; Dr. R. Peel Ritchie, Edinburgh; Mr. W. H. Bennett, London; Mr. Laffan, Cashel; Dr. A. G. Barrs, Leeds; Dr. Cullingworth, London; Mr. de Lautour; Mr. E. Darke, London; Surgeon-Major E. Lawrie, Hyderabad; Mr. N. E. Davies, Sherborne; Dr. Dagleish, Reading; Dr. P. Yates, Bolton; Dr. J. S. Holden, Sudbury; Mr. Haslam, Birmingham; Mr. Davis, Pontypridd; Mr. Randall, Hastings; Mr. Buckingham, Wisbech; Mr. J. B. Smith, Dulwich; Dr. G. Thompson, Fishponds; Messrs. H. S. King and Co., London; Mr. F. E. Cane; Mr. Langhorne, Millicent, South Australia; Dr. Arlidge, Stoke-upon-Trent; Messrs. Burroughs and Wellcome, London; Dr. Acland, London; Mr. J. C. Renton, Glasgow; Mr. Sleman, London; Mr. H. H. Roe, Fulham; Mr. Granie, Blackburn; Dr. Savill, London; Dr. Sadler, Barnsley; Messrs. Duncan and Co., Edinburgh; Dr. Sisley, London; Mr. Griffiths, Clifton; Mr. B. Jessett, London; Dr. Tomlinson, Tooting; Mr. G. E. Walker, Liverpool; Dr. Willey, Sheffield; Dr. Copeman, London; Mr. Brown, Salford; T. S. Ellis, Gloucester; B. T. & J.; Matron, Windsor; Alpha, London; Medicus, Sheffield; J. H. S.; Indignant; Western General Dispensary, London; A. R. P., London; Veritas; Rotherham Hospital; Medicus, London; Y. Z.; A. R.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Bobby, Suffolk; Mr. Broster, Derby; Mr. Harding, Whittlesea; Mr. Lane, Bath; Mr. Symons, Devon; Miss Tait, London; Messrs. Macfarlan and Co., London; Mr. Heywood, Manchester; Messrs. Edgcumbe and Co., London; Mrs. Morgan, Leamington; Messrs. Ross and Co., Belfast; Mr. Holmes, Australia; Mr. Kelvin, Manchester; Mr. Cane, Liverpool; Mr. Thornton; Herbert, Bristol; Beta, London; Deaconesses' Institution, Tottenham; Medicine, Yorks.; Kent and Canterbury Hospital; Carpe, London; E. P., Cheshire; Children's Hospital, Birmingham; Copernicus, London; Institute of Trained Nurses, Leicester; H. H., London; T. N., London; Wolverhampton and Staffs. General Hospital; Royal Infirmary, Manchester; Nurse Mosley, Dronfield; Cycloid, London; C. E. H., London; Chelsea Hospital, Fulham; M.D., London; Calyx, London; R. A. S., Sheffield; India, London; Practice, London; Delta, London; Phlegmon, London; J. A. T., London; Cosmos, London.

Whitby Gazette, Surrey Advertiser, Pall Mall Gazette, Mining Journal, Herald and Weekly Free Press, Truth (Christchurch, New Zealand), Reading Mercury, Lincoln Gazette, New York Herald, Eastern Daily Press Scots Observer, &c., have been received.

Medical Diary for the ensuing Week.

Monday, April 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.

Tuesday, April 23.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Rickman J. Godlee: Dermoid Cyst of the Right Side of the Chest communicating with a Bronchus.—Mr. William H. Bennett: A case in which Acute Spasmodic Pain in the Left Lower Extremity was completely Relieved by Subdural Division of the Posterior Roots of certain Spinal Nerves; Death from Sudden Collapse.

Wednesday, April 24.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M. Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical visits on Wednesday and Saturday at 9.15 A.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Hingston Fox: Notes on Alcohol, as Poison and as Drug.—Mr. Humphreys: A case of Internal Strangulation.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Mr. E. Sinclair Stevenson: Laparotomy for Tubal Disease; Re-operation fourteen days afterwards for Symptoms of Peritonitis and Intestinal Obstruction. Specimens by Dr. Bantock, Dr. Heywood Smith, and Dr. R. T. Smith.

Thursday, April 25.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

Friday, April 26.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Living Specimens at 8 P.M.:—Dr. Kingston Fowler: Advanced Osteo-arthritis of both Hands.—Mr. Bilton Pollard: Hereditary Multiple Exostoses.—Dr. Thomas Barlow: Hemiatrophy of Tongue associated with Cervical Spine Disease. Papers:—Mr. C. Symonds and Dr. Macdonald: Case of Total Extirpation of Larynx for Epithelioma; Recovery, with useful voice (the patient will be shown).—Mr. Arbuthnot Lane: Six cases of Complicated Disease of Middle Ear.—Mr. Bland Sutton: Case of Leontiasis Ossea.—Mr. Bennett: Case of Closure of Jaws from Bilateral Ankylosis treated by Excision of both Angles of the Inferior Maxilla after the complete failure of other methods.

Saturday, April 27.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

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Agent for the Advertisement Department in France—J. ASTIER, 66, Rue Caumartin, Paris.